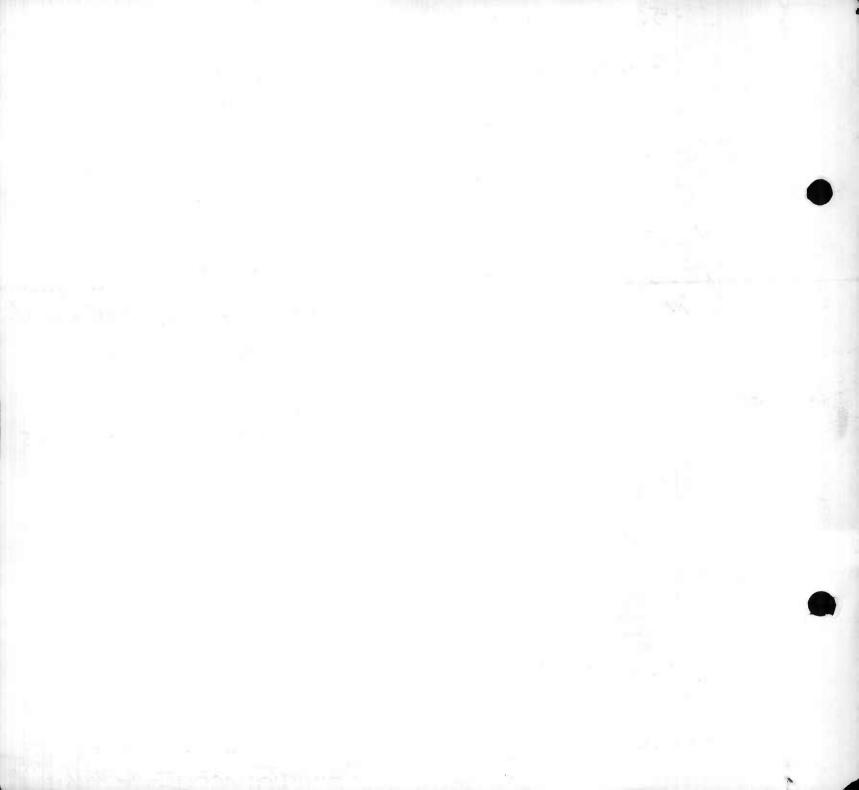
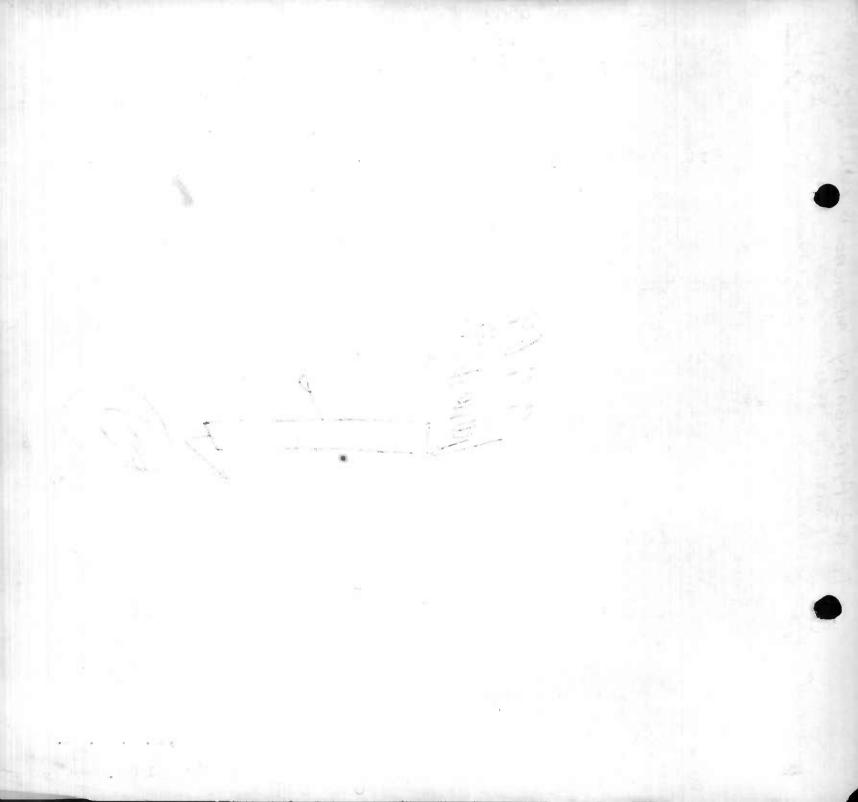
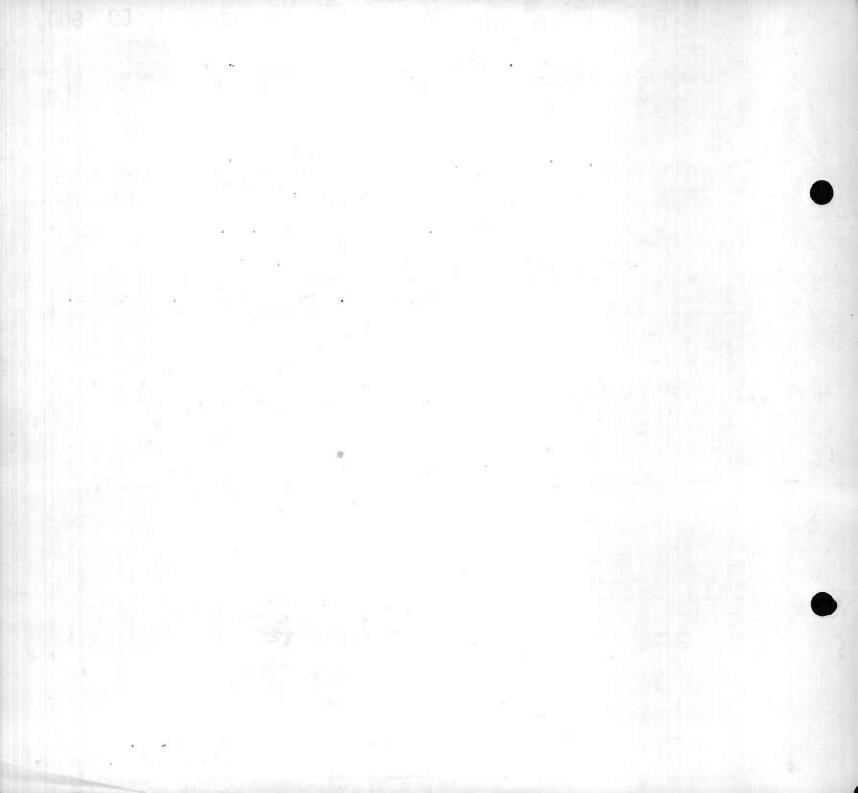
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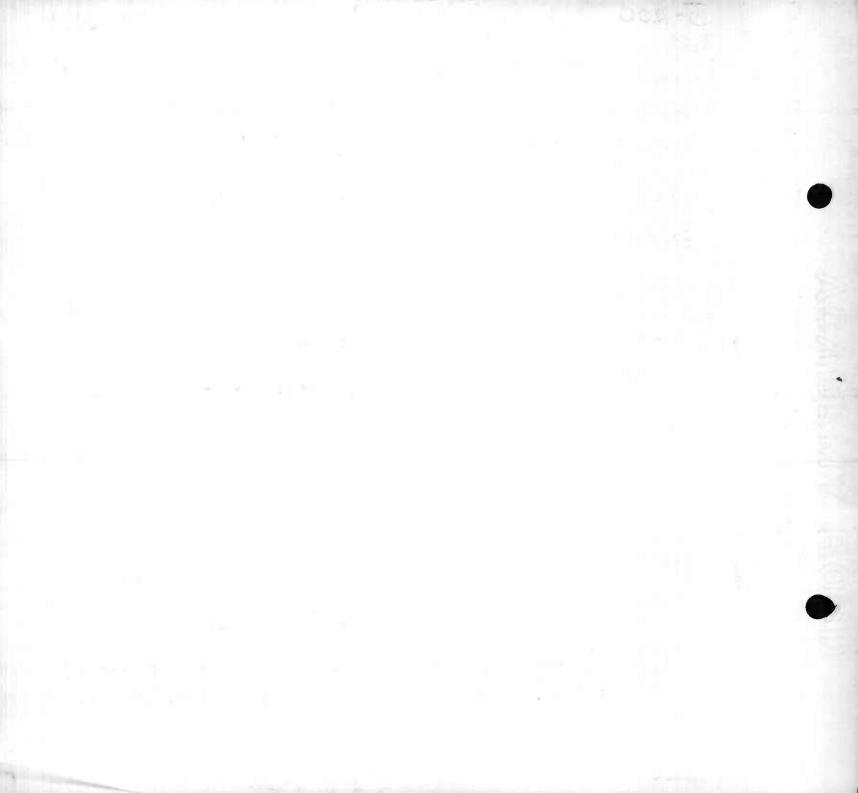
1	3-162	00 0002	BALTIMORE CITY	HEALTH DEPARTMENT		69	9002
BIRTH	NO.	69 9002	CERTIFICA	TE OF DEATH	Registered No.		G., 54, 54, 74
1. NA	CASE NO.	+111 +	- =		AND HOUR OF DEATH	04	5
	Siege	ri, HIberi	Greg		9/1/69	18-	- 6
3. PL	ACE OF DEATH IN BALTIM	TORE, MARYLAND		4. USUAL RESIDENCE (VA. STATE	Where deceased lived, If i	nstitution: residence b	efore odmissia
		n haspitol ar institutian, give	street	Marylan	1	re City o	140
IN	STITUTION	or reconony		1 60 11 b.	outside city limits write	RURAL and give tawn	nship)
0	/			D. STREET ADDRESS	(W rytol, dive location)	_ /	
3	6 Franklin S	quare Hospital		1650	Delt 159		
5. SE)	6. RACE	7. MARRIED, NEV	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)		Under 24 Hr
63 1	1 218 MAINTONIGING	kind of wark 108, KIND OF BUS		8/1/98		3	
	during nost of working life leven	if retired)		11. BIRTHPY CE (State or	111	12. CITIZEN OF	TRY
3. E4	MATHERS NAME	chinist Shipys	teret	13alTi W		40	#.
. J. F.F	Jacob Si	cha-t		Marie Maiden	01 +1	-	
15. W	as Deceased Ever in U. S.	Armed Forces?	DCIAL	17. INFORMANT	Dche To	ADDRESS	
Yes,	no or unknown) (II yes, give w	wor or dotes of services	SECURITY NO.		grana l	100 11	. <
111	120	2 3 2	CAUSE OF		71000010	INTERVAL	14094
1	DISEASE OR CONDI	TION DIRECTLY) +	70		DEATH!
	LEADING TO	DEATH 3	13 (A) K	aspiralory	_Lusu/,		
(This does not meon the heart failure, asthenio, etc.	mode of dying e.g., Il means the disease	DIE TO	1 , //	1		
	injury or complication which	th coused de th.)	Adu	ranced Dhe	monitis		
	ANTECEDENT		DUE TO	1+ 1/1	111.	/_	1
ri	DISEASES OR CONDITIO	ONS, if on giving use (A) stating the		aleral plen	ral eltusi	0/1)
U	UNDERLYING CONDITION	losi.	1100	ture of (R)	lip. 1		
z ,	OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING	121			1	
E 1	TO THE DEATH BUT NO DISEASE OR CONDITION C	NOT RELATED TO THE	Day.		1 W		
FIC	9 A. DATE OF OPERATION	19B. CONDITION FOR WHICH	H OPERATION F	20A. AUTOPSY? (Yes an	Na) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDER	RED
ERTIFIC	1/7/69-1/6/61	(M) VULT - CHATT	Tanlatule.	7			
_ 0	TA ACCIDENT WAS UNDE	E OF home, fr	orm, actary street, of	or obout 21 C. WHERE DIE	(If in Baltimor	e City, give exact loc	ation)
U	DEATH (notify medical examination of the second of the sec		nome-the	evrs)	Marian S a street	~/	10
30	OF INJURY	y) (Yeor) (Hour) 21 E. INJ While A		/ 14. 10.11.	INJURY OCCUR	was not the for	ore.
(/	APPROX.)	Wark	A Work	Tolean!	7	9/1/19/	
		hospital) attended the d	ocease from	1/8/9	19	1/1/01/	19
	hot (I) (***) last sow the		1.11		that in (my) (acc)rop	inion deoth occurre	ed on the d
	and haur ond from the cou	uses stoted phove. (I) (W	e) (did) (did mot) v	lew the bady ofter deo	th.	DATE SIGNAT	
23		pagnolo	M.D. Atte	nding Med.	Stoll V	238, DATE SIGNED	7
23		01	Phys	S. Director L	Phys. X	7/1/67	1
	NAME (Type)	orlos BRAE	A 5 110 No	1-12 11	odbourneA	reAb-A-	- 4
24A.	BURIAL CREMATION. 248.		of CEMETERY OF CRE			ity, tawn, ar county)	[Stote]
	REMOVAL (Specily) Burial 9						
25A.		DEPT. 25B. NAME OF RI	Glen Ha	25C. FUNERAL DIREC	Glen Burnie,	A. A. Co.	
S	EP 1 0 1969 0	1 2 7 1	(.D.		Mc Cully	130 E. Fo	
s 15	50-REV. 1/1/65	= 3 7 9 7	materia n	10 9 8 9		-JV Ita F.O	I'L AV



1/	. /		BALTIMORE CITY	HEALTH DEPARTMENT		00	
H-53	65	906	13 CEPTIFICA	TE OF DEATH	REG. NO.	69	9003
BIRTH NO.	00) 000	20 CERTITICA	TE OF DEATH			
NAME OF DEC	EASED			2. DATE AND HO	UR OF DEATH		
Type or Print)	Veronic	a A. Hur	nter	Sept.	8, 1969	1	M
3. PLACE IN BALT	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where dece		stitution; resident	ce before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland c. CITY OR TOWN	D INSI	DE CITY LIMITS?	403
1/0				Baltimore		YES X	NO
43				E. STREET AND NUMBER		153	140 🗆
South	Balto Gen.	Hospital		1421 William St.			
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AG	E (In years rthdoy)	If Under 1 Yr.	If Under 24 Hrs.
Female	White	WIDOWED	DIVORCED	April 24, 1915 5l		Two mas Boys	110013
		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign cou	intry)	12. CITIZEN O	F WHAT COUNTRY
one during most of v Packe	warking life, even if retired)	GT	ass Co.	Balto. Md.		US	Α .
FATHER'S NAM		G.Z.	200 000	14. MOTHER'S MAIDEN NAME			- 22
		3					
	rnard Markel			Annie C. Branna	AII		
es no or unknown	Ever in U. S. Armed Far	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
No	, , , , , , , , , , , , , , , , , , ,		212 22 2784	Mr. John Hunter	114 E. G	Sittings	St.
1B. // /	0 9		CAUSE OF DEAT	H	-		ROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	DECTIV		. //		BETWEE	EN ONSET AND DEATH
	LEADING TO DEATH	RECTET		Ci- no Min	mbose	,	1 den
(This does n	ot mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	J- A A	100000		
	osthenia, etc. It means		00210,01143	A CONSEQUENCE ON			
1 ' '	plication which coused			7 - 0			
1	ANTECEDENT CAUSES		(B) //1/	lenosceron	0		I wi
DISEASES C	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	above cause (A)	stating the	4-5				
UNDERLTING	G CONDITION last.		(C)				
	11		2 0	· 12			
OTHER SIGNIF	ICANT CONDITIONS CO		1 de m	Timber of	Juse -		54.
DISEASE OR C	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR		1-000	wycoco / vaco	- cas		7
	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B.	IF YES, WERE F	INDINGS CON	SIDERED 1?
ž O				NO			
OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF		ne, form, foctory, street, o	n or obout 21 C. WHERE DID flice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoc	t location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21F. HOW DID INJURY O	C CUR?		
21D. TIME OF INJURY			ile At Not Whil				
(APPROX)		Wo					
22. I certify	that (1) (this hospita	l) attended t	he deceased fram	4 -2 1964	7_ ta	9-8	19 6 9
that (I) (we)	last saw the decease	ed alive an	8-29	19.6.9and that in ((my) (aur) apii	nian death ac	curred an the date
and haur and	from the causes sta	ted abave. (I) (We) (did) (did not) v	riew the bady after death.			
23A. SIGNATU	RE		1			23 B. DATE SIG	NED
	1318	00		ending Med. Staff		9-	9-69
22.5 8.111.5	Charles a	000	OEGREE Phy				101
PHYSICIA NAME (T	ype) A.C.S	0/10	D MD	23D. ADDRESS TO FOAT	HUF	DAI	TO 145
4A. BURIAL CRE	MATION, 24B. DATE	24C, N	AME of CEMETERY OF CR	EMATORY 24D. LOCATI	ION (Ci	ty, town, or cour	nty) (Stote)
REMOVAL (S			Now Coth adm -	THE PARTY OF			
Burial	9 12 69 BY HEALTH DEPT.		New Cathedral	2SC. FUNERAL DIRECTOR	Balto.	Md.	DDRESS
OFD 1 0 1	000 000 000	3. Q.	ACD.	Me	Cully	130 E. F	
SEPTO	اعلام المهومة ح	Varioes,	* 01 m(g)	10000			
C 106 DEV/ 1/1//	4.0	- Tu	7	1 1 2 2 6 1 1			



VS 150-REV. 1/1/68



VS 151-REV. 1/1/68

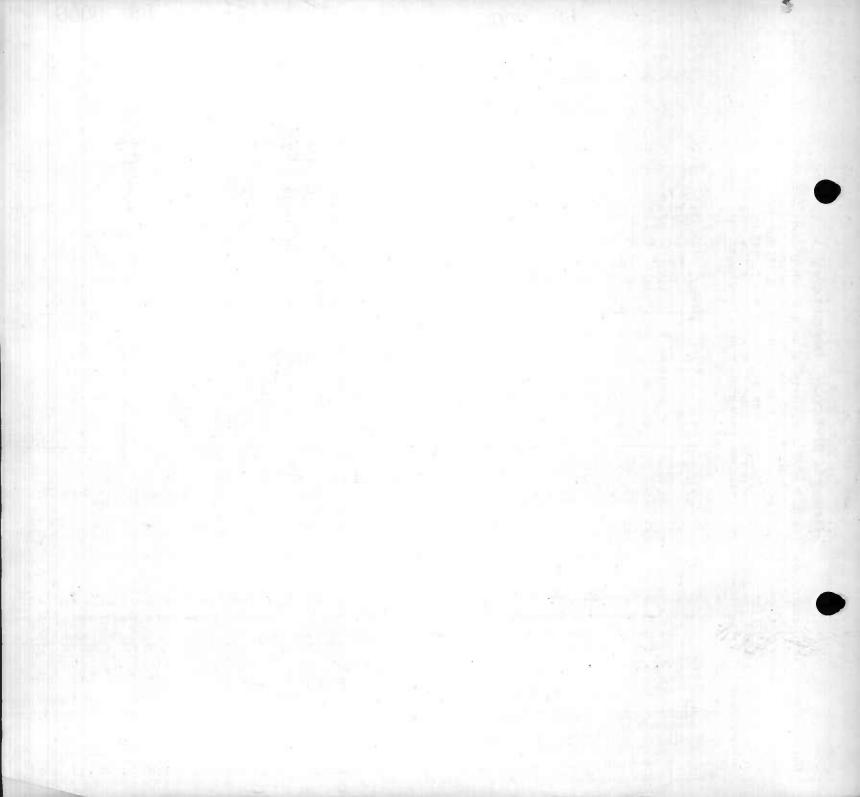
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



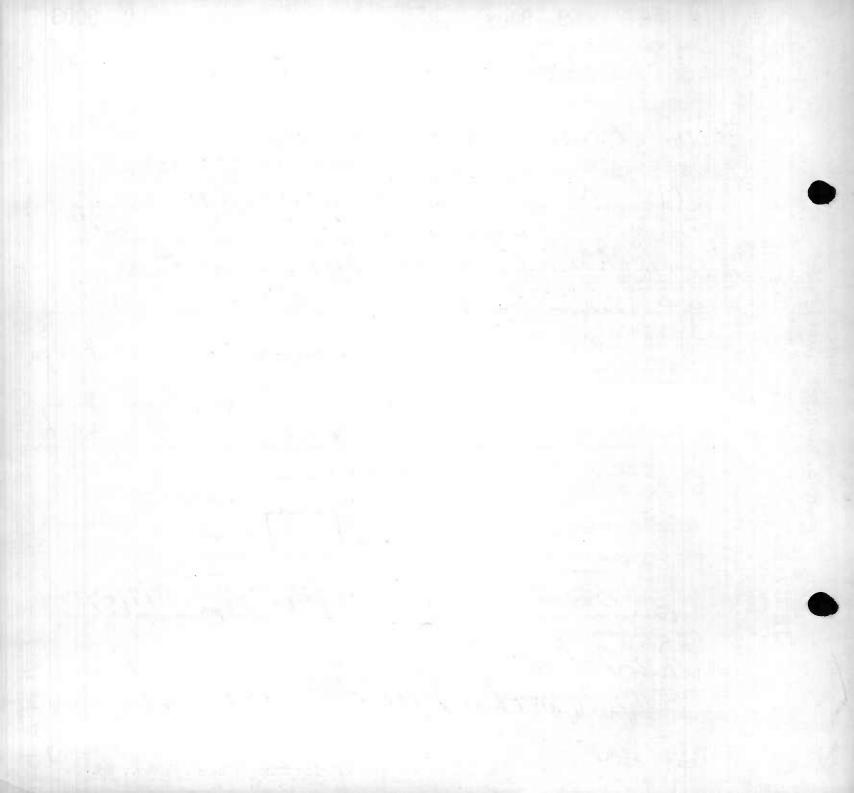
11	1/ 1/// 00 000	BALTIMORE CITY	HEALTH DEPARTMENT	69 9000
1.	77-240 69 900	CERTIFICA	TE OF DEATH REG. NO.	00 0007
1. NA	AME OF DECEASED or Print) JOHN VINCENT	McCAILEY	2. DATE AND HOUR OF DEA Sept. 4, 1969	8.4 P
3 PI	LACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceosed lived.	If institution: residence before admission)
E	RTIFICATE	ENDED	Maryland	2778
	Serial or Address or Location intuition and Pines, Belvedere	9-22-61	C. CITY OR TOWN Baltimore	YES A NO
9	()		6228 Northwood Drive	
5. SE	EX 6. RACE 7. AAADE	uen □	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Me	ale- White WIDON	NED NEVER MARRIED DIVORCED DIVORCED	July 13, 1876 93	Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 108, KIN during most of working lile, even if retired) Pai	nt Manufacturing	1/10.0.0	U.S.A.
13. F	Micahel McCauley	-2.1	14. MOTHER'S MAIDEN NAME Eliza. Noll	W MEETERS AND
13.4	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS 21212
-	, do at unknown) (If yes, give war or dotes of servi	188-03-0410	Mrs. Albert Patterson,6	
NOIL	hearl failure, osthenia, etc. It means the dise injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATIO	ving (B) DUE TO, OR AS (C)	Lif arterio seles	nin . 4 days
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY. (Yes or No.) 208. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF OEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, factory, street, or etc.)	n or obout 21°C, WHERE DID (II in Bold fice bldg., INJURY OCCUR?	timore City, give exoct locotion)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (A PPROX.)	21 E. INJURY OCCURRED While At Not While Wark Not Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this heapited) attend that (I) (****) last saw the deceased alive and haur and fram the causes stated abov		1969 and that in (my) (apinian death accurred an the day
	23A. SIGNATURE		anding Med. Staff	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	7/4/69 ag Lane
24A	Eatl L. Chambers	7 - DEGREE	23D. ADDRESS 100 W. Cold Sprin	g Lane (City, town, or county) (Stote) Penna.

VS 153 9-22-69 M.H.

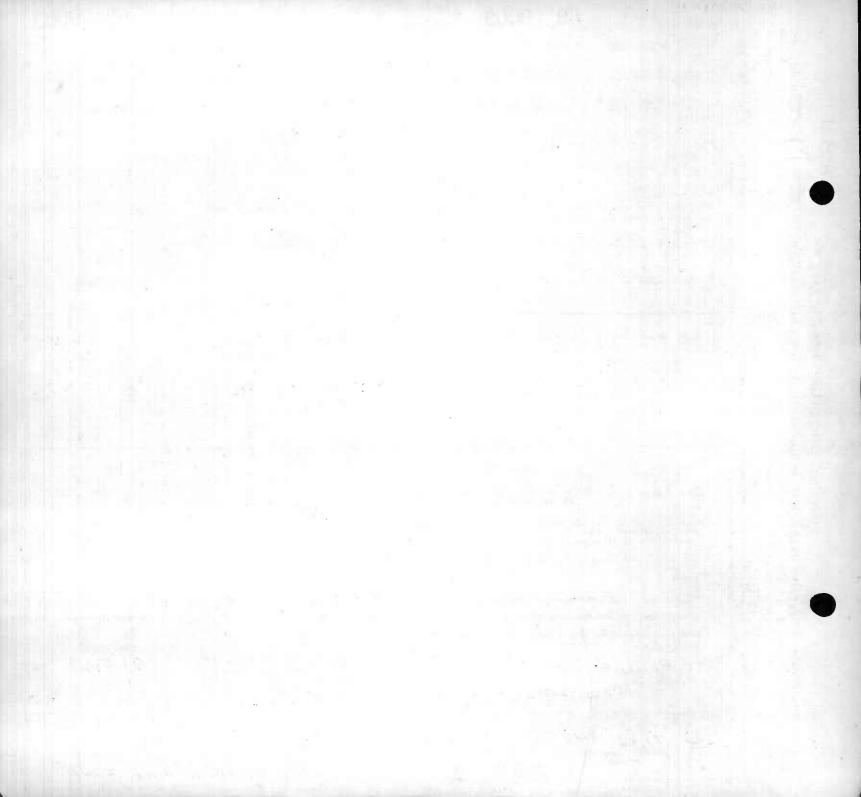
DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

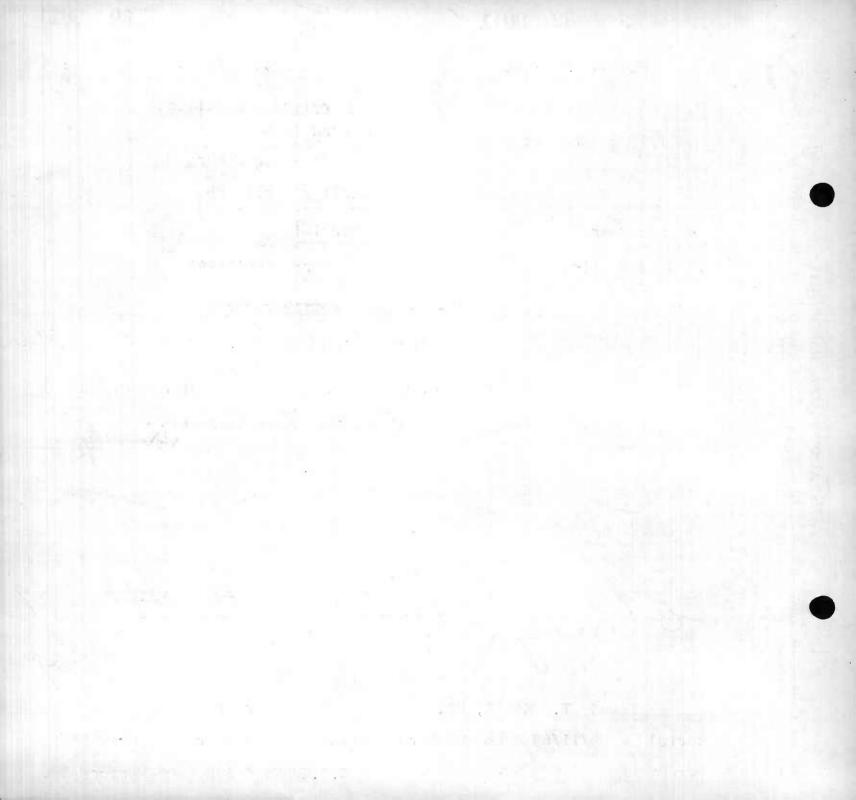


< 11/2 00 0	BALTIMORE CITY	HEALTH DEPARTMENT	V	00 0000
5 - 143 69 9	009 CERTIFICA	TE OF DEATH	REG. NO	69 9009
NAME OF DECEASED	0=1(11110)			
ype or Print)	CONTO		D HOUR OF DEATH	30
PLACE IN BALTIMORE, MARYLAND, WHER	Iding SPALDI		9-5-69	1 3 A. M stitution; residence before admission)
PLACE IN BALLIMORE, MARILAND, WHER	RE PRONOUNCED DEAD	A. STATE B. COUN		stitution; residence before admission
JLL NAME OF (IF NOT IN HOSPITAL OSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	md. Bo	eltimore D. INSI	DE CITY LIMITS?
Afayette Convalesce	ent Home	DUNDALIC		YES NO IX
1105 E. Fayette :	street	E. STREET AND NUMBER		
Baltimore, Mary	land 21202	269 Colgo	ite Aveni	ie
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
0 1.1	VIDOWED DIVORCED	3-17-1876	last birthday	Months Days Hours Min.
. USUAL OCCUPATION (Give kind of work 10B	B. KIND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTR
ne during most of working lile, even if retired)		1121.016		USA
ATHOME		12212015		0311
FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
James Conzr	an	France	es Icna	PP
Was Deceased Ever in U. S. Armed Farces? s,na ar unknown) (If yes, give war ar dates of	1 6. SOCIAL	17. INFORMANT	TO THIS	ADDRESS
A A	SECURITY NO.	10000	12110-7	
18.	CAUSE OF DEAT	MRS JESSIE	1501812	2 COL COLG-DT L
7 2317				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY	EBRAL THR	OMBOSIS	120 8
(This does not mean the mode of dyi	(A)IMMEDIATE CAL	SE A CONSEQUENCE OF:		
hearl foilure, osthenia, etc. Il means the	diseose,	A CONSEQUENCE OF:		
injury or complication which caused dec	ARTE	RIDSCLEROS	SIS	15 VAC
ANTECEDENT CAUSES				, , , , , ,
DISEASES OR CONDITIONS, if any	, giving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above couse (A) sta UNDERLYING CONDITION last.	oling The (C)			
11	(C)			
OTHER SIGNIFICANT CONDITIONS CONTR	PRINTING			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE TO	ERMINAL			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE TI DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 198. CONDITI		20A. AUTOPSY? (Yes or No	208. IF YES WEDE	INDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITI		NA	IN CERTIFYING CAL	JSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C, WHERE DID	(If in Raltimas	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, factory, street, a		In in commore	City, give exect location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (HOT)		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not While At Work	e 🗌		
22 1			10 (0) . 0 -	5 10 10
22. I certify that (I) (this hospital) of	# > 4	1 00	196/ to 9-	5 19 69
that (I) (we) lost sow the deceased o	live on 8 - 30	19 69 ond the	ot in (my) (aus) opis	nion deoth occurred on the dot
ond hour ond from the couses stoted	obove. (1) (#e) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE 2	21 200			23 B. DATE SIGNED
Agal A. Hers	Phys	nding Med. Director	Staff Phys.	9/5/69
23 C. PHYSICIAN'S	DEGREE	23D. ADDRESS	11173.	113131
NAME (Type) PAUL G HE	ROLD, M.D.		HSON ST	BALT: MD.
	DEGREE			
A. BURTAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	y, town, ar county) (State)
13017141 9/8/6	9 PARKMOUD	CEMETERY F	ARITUIL	LE MA
A. DATE REC'D BY HEALTH DEPT. 258	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS
SEP 1 1 1969 20 00	70 P. 200		-1/2	171/1-17 4-11- A
OF! IT 1000 100000 C	ausey M. D.	DOGITICH A	UNCHAL AL	ME DUNDALK N
150-REV, 1/1/68				



-	7 711 00		BALTIMORE CITY	HEALTH DEPARTMENT	Y	0000
	5-340 69	901	^	TE OF DEATH	REG. NO	69 9010
	NAME OF DECEASED (Pe or Print) MR. CLAREN	CE)	D. STEEL.	2. DATE	AND HOUR OF DEATH	1 2 4 26
3.	PLACE IN BALTIMORE, MARYLAND, WHE			4. USUAL RESIDENCE (W	here deceased lived. If i	astitution: residence before admission)
	JLL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INST		PASTATE B. CO. PARYLAND C. CITY OR TOWN DUT	DAL	TIMORIE 5300
1	CHURCH HOME AN	D H	OCPITAL	BOLTIME	PRI.	NO Z
1	35				RDLEY DR	
5.	no lu	MARRIED		8. DATE OF BIRTH 9/25/86	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	A. USUAL OCCUPATION (Give kind of work 10)	B. KIND C		11. BIRTHPLACE (Stole or fo	preign eountryl	12. CITIZEN OF WHAT COUNTRY
	FOREMAN FATHER'S NAME	STEE	EL MEGRI	PA.		AMERICAN.
	CHARLES D. S		L.	14. MOTHER'S MAIDEN N	DREHER	
15. (Ye	Wos Deceosed Ever in U. S. Armed Forces s, no or unknown! If yes, give wor or dotes o	? { service}	16. SOCIAL SECURITY NO. &13-07-9213	LOIS A.	CRAFT	BAZZ YARDLEY DE
	118.		CAUSE OF DEAT			ADDOOM AND
	DISEASE OR CONDITION DIRECT	71.0	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	iri		CARDIORE CARDIORE	SPIRATORY	ARREST
	(This does not mean the mode at dy heart laiture, asthenia, etc. It means the injury at camplication which caused de	disease	(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:	****	
	ANTECEDENT CAUSES	W11103	ASCVD	MODERATE	ANEMIA 1	DUODENAL ULCER
	DISEASES OR CONDITIONS, if any		(B)	A CONSEQUENCE OF:		
	rise to the above cause IA) sta UNDERLYING CONDITION last.	, giving oling the	(c) CYA	A CONSEQUENCE OF:		
_	- 11					
ATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T DISEASE OR CONDITION GIVEN IN PART T	ERMINAL	*****************			P404 000 00 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7
ERTIFIC	19A-DATE OF OPERATION 198. CONDITI	ON FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)	21 hor etc	B. PLACE OF INJURY (e.g., in me, lorm, loctary, street, of L)	or obout 21 C. WHERE DID	(If In Boltimon	e City, give exoct locotion)
MEDI	21D-TIME (Month) (Doy) (Yeod (FO) (APPROX.)	w	E INJURY OCCURRED hile AI	21 F. HOW DID IN	NURY OCCUR?	
	22. I certify that (1) (this hospital) as			9/4	1969 to	9/10 19 69
	that (1) (we) last saw the deceased a	live on.	9	10 19 69, and	that in (my) (aur) api	nlan death accurred an the date
	and haur and from the causes stated	abave. ((i) (We) (did) (did nat) vi	lew the bady after death	•	
	A.C. Chennel	1	, M.D. Atter	nding Med.	Stoff Phys.	238 DATE SIGNED 9/10/69 .
	PAME (Type) P.C. CHO	MVD	LIT, M.D.	3D. ADDRESS CHURC BALTE	H HOME	HOSPITAL RYLAND 2123(
24/	A. BURIAL CREMATION, 24B. DATE	24C. N	AME el CEMETERY of CRE	MATORY 24D.		ty, town, or countyl (Stote)
	REMOVAL (Specify) 9/12/69	OF	KLANN			
Z 3/	OFD 4 1 4000 O 4	Jak	OF REGISTRAR	25C. FUNERAL DIRECTO	Bulleyit	and.
10	1.00 D.014 B.40.44.0					

IMPORTANT

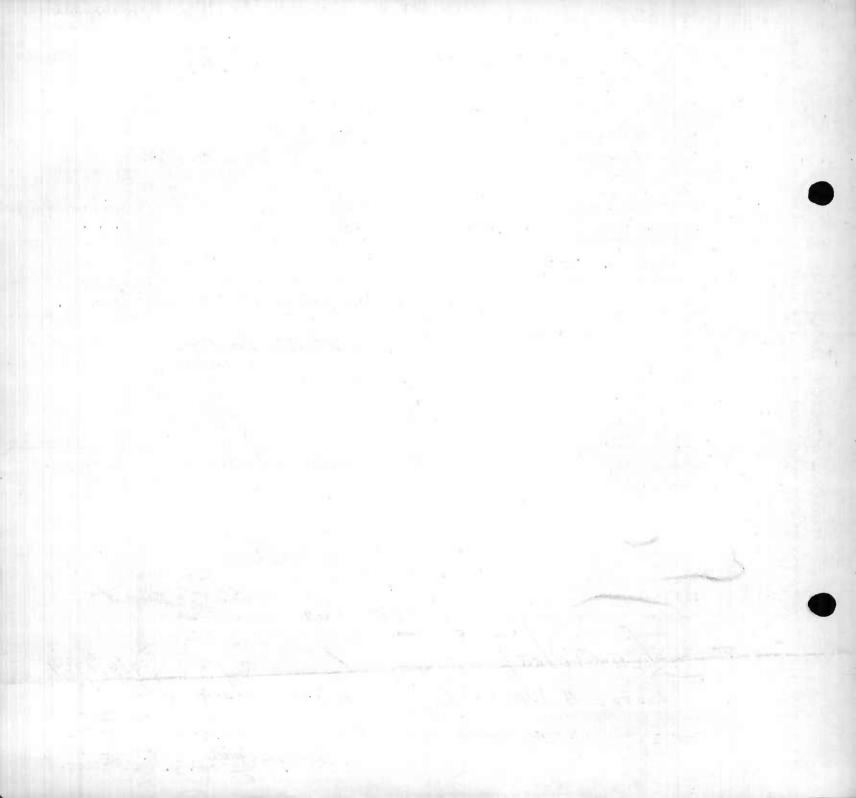


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		١	EP11 1909	Judgers C. Nark	eu, 7.00	-()	Loring Byers	8/28 Liberty	Ra. Kar	ndallstow	n

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	written approval goust be obtained before the remains are embalmed or final disposition is made.
	This certif the body shows: (1) was D.O./	written a

F		BALTIMORE CITY	THE TENTI PENTINENT	00	0040
BIRT	4-650 69 9013	CERTIFICA	TE OF DEATH	reg. No. <u>69</u>	9013
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//	Baltimore, ma		E. STREET AND NUMBER	on town Rd	/
5. SE	M 6. RACE 7. MARR WIDOV			AGE (In yeors If Ur Mont)	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 10B. KINI during most of working life, even if retired) Wher of Store Pate	nt Medicanes	11. BIRTHPLACE (Stote or foreign Brunswick Maryla		U.S.A.
13. F	Amos M. Horine		14. MOTHER'S MAIDEN NAME Mable	Stupp	
15. W (Yes,	Nas Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of servi NO	16. SOCIAL SECURITY NO. 217 05 5329	Mrs Martha Ann Ho	88 Union	ntown fibad
	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give to the above cause (A) stoting UNDERLYING CONDITION lost.	(B)	A CONSEQUENCE OF:	mihogenic,	7 maply T
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATED TO THE		ocardeal Iso	Lemia	1959
	DISEASE OR CONDITION GIVEN IN PART 1 (A).				
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	Yes or No) 2	OB. IF YES, WERE FINDING N CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
L CERTIFI	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimore City,	
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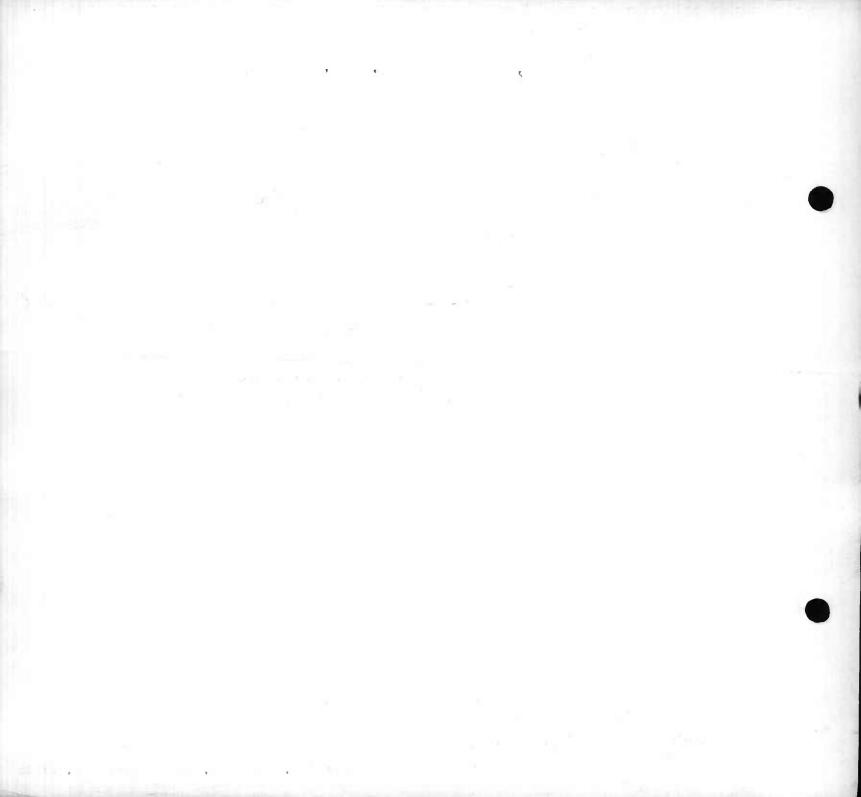
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FUNERAL DIRECTOR:

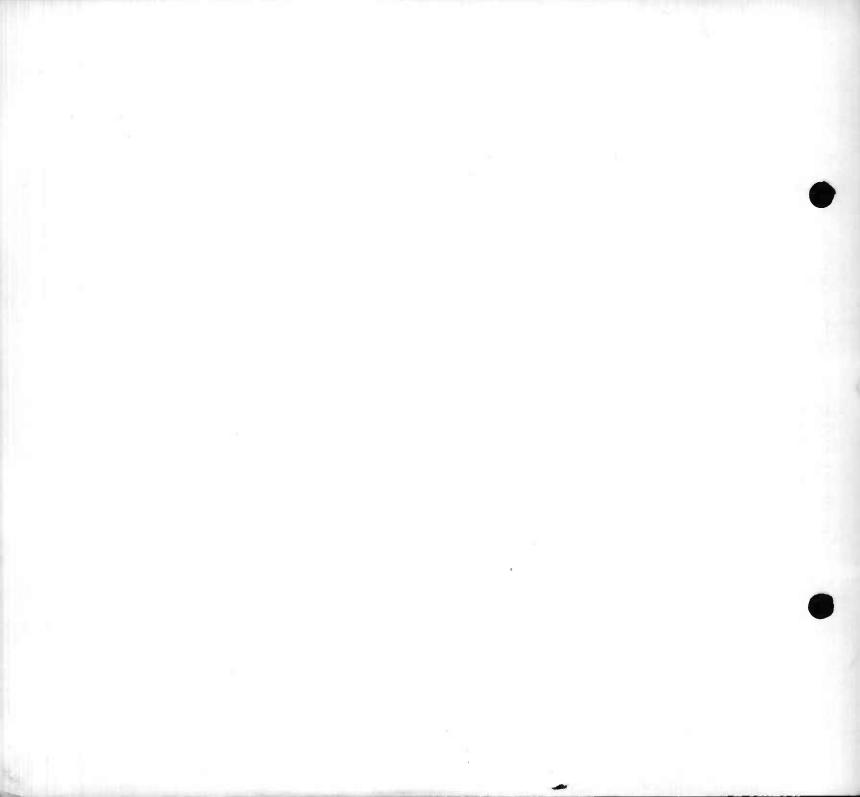
BALTIMORE CITY HEALTH DEPARTMENT deceased lived. If institution; residence before D. INSIDE CITY LIMITS NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimare City, give exact location) and that in (my) (aur) apigian death occurred on the date 23B. DATE SIGNED (Stote) ADDRESS Leonard J. Ruck Inc. Balto. VS 150-REV. 1/1/6B

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	4-436	00	001-	BALTIMORE CITY	HEALTH DEPARTME	NT	6	9 9015
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1.1	NAME OF DECEA	Hollida	y. Ho	ouston j		TE AND HOUR OF DEA	тн 7 I	445 P
3.	PLACE IN BALTIM	ORE MARYLAND,	WHERE PRONOU		4. USUAL RESIDENCE	E (Where deceased lived.	i institution; res	idence befare admission)
FLHIN	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOWN		NSIDE CITY LIN	2734
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_	- 1	and Ger		Hosp.	E. STREET AND NUM	white A	foe.	
i	M	RACE White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under Months I	Tro If Under 24 Hrs. Pays Hours Min.
do	N. USUAL OCCUPA ne during most of worl	NION (Give kind of wo king life, even if retired)	10 B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	at foreign country)	12. CITIZE	N OF WHAT COUNTRY
	Painter	•	Retin	red	ω ,	Va.		USA
		iam 1	follida	iy	14. MOTHER'S MAIDE Leah	en name Meadow	5	
ILLE	s, na of unknawn) (If	er in U. S. Armed Fo	es of service)	SECURITY NO. 236-32-4670 A	17. INFORMANT)	-	ADDRESS
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	18.	X 1		CAUSE OF DEATH	Matasta	is O cerel	orum BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
5		OR CONDITION D ADING TO DEATH		Israc	Carrie			1 1 200
	(This does not	mean the mode a henia, etc. It means	dying, e.g.,		CONSEQUENCE OF:	vojet		July 1969
1	injury ar camplio	calian which cause	death.)	Crans	0 1 1110	The Control of the Co		
	l .	TECEDENT CAUSE			CINOTA	TO LUNG		
1	DISEASES OR	CONDITIONS, if above cause (A)	any, giving		A CONSEQUENCE OF:		*************************	
	UNDERLYING C	ONDITION last.	oloding into	(C)		**********************		************
z	V.	- 11						
TION	ITO THE DEATH R	NT CONDITIONS CO	HE TERMINAL					
ICA	19A-DATE OF OP	DITION GIVEN IN PA	IDITION FOR WI	ICH OPERATION	20A. AUTOPSY? (Yes	or No.) 208, IF YES, WE	RE FINDINGS C	ONSIDERED
ERTIF	2 7/2	4/69	FORMED SIA	gnostie	785	IN CERTIFYING	CAUSES OF DE	EATH? RC
CALC	OR CONTRIBUTION DEATH Inotify me	WAS UNDERLYING[IG□ CAUSE OF dical examine)	21B.P	FACE OF INJURY (e.g., in form, factory, street, aff	or obout 21 C. WHERE INJURY OCC	DID (If in Baltie	more City, give	exact lacotion)
EDI	21D. TIME (M	anth) (Day) (Year)		NJURY OCCURRED		ID INJURY OCCUR?		
8	IAPPROX.)		While Wark	At Wark			1 -	
	22. I certify tha	t (1) (this hospita	l) ottended the	deceased from	7/9	19 67_to	8/9	1969
	that (I) (we) las	st saw the deceas	ed alive on	6/4	19 69	and that (n(my) (our) c	pinian death	occurred on the date
	and hour and fre	am the causes sta	ted abave (1)	(We) (did) (did nat) vi				
	23A. SIGNATURE	10 Rac 0 F	3 Jan	Atter	ding Med.	Staff Phys.	23 B. DATE	SIGNED
	23C. PHYSICIAM'S NAME (Type)	1 cil As	RIG		Director 3D. ADDRESS	/ / / Co	0/1/	1-1
247	A. BURIAL CREMA	TION 24B DATE	24C. NAA	AE of CEMETERY OF CRE	1004	land of	N / Y	637
	REMOVAL (Spec Burial	9/11/		lens of Faith	NA CORE		(City, town, or	county) (Stote)
l lorenza	A. DATE REC'D BY	HEALTH DEPT.	25B NAME OF		25C, FUNERAL DIR	Baltimore M	ary rand	ADDRESS
			E. Jaber			Ruck Inc. 53	05 Harfo	
₩ 2V	150-REV. 1/1/68				4 8 0 4	1		



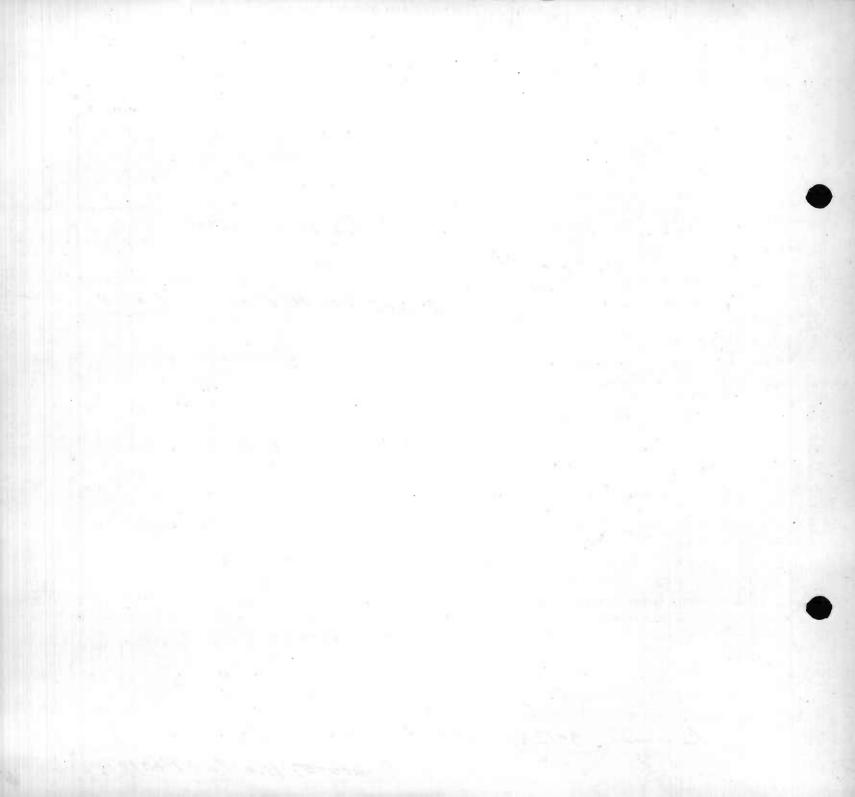
V-5	20	CO	9016	BALTIMORE	CITY HEAL	TH DEPARTMENT		6	9	004	0
BIRTH NO.		69	JULU	CERTIF	ICATE (OF DEATH	REG. NO	0	U.	ant	0
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3. PLACE IN	BALTIMORE, MA	ARYLAND, W	HERE PRONO	UNCED DEAD	4. US	UAL RESIDENCE (W	here deceased lived	Il institution	ı: reside	nce belore	odmission
FULL NAMI HOSPITAL C	OF (IF NO	T IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	m	PRYLAND.		INSIDE CIT	//	02	1
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BALT	Imore) MAI	RYLAN	0 21231	[1]	REET AND NUMBER					
5. SEX	O. RACE	-	WIDOWED		on ?/	? / 1894	9. AGE (In years lost birthdoy)	If Ur Month	nder 1 Y	r. If Under Hours	er 24 Hrs Min.
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	we) last saw t				2/2	9 69 and	_19 <u>67</u> _ta			<u>/19</u>	
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A.	e. eho	mual	it., n	1. P.	Attending	Med.	Shaff D	234,0	112 310		
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4A. RIIPIAI				DE	EGREE A TI			DAEYL			182
REMOY	CREMATION, 24	9/9/6	9 240, N	ME of CEMETERY o	CREMATOR	14 2 W/11 1 24D.	LOCATION	(City, town,	01 COU	niyi	(Stote)
				W	ME		INC MED	3CAT	CC	HOOT	
SA. DATE R	1969	13 8	PE SAME	EGISTRAR	25C	TUNERAL DIRECTO	Many Many	INTEL	JUA	DDRESS	
	71 71 344	2-0					to be a			1	



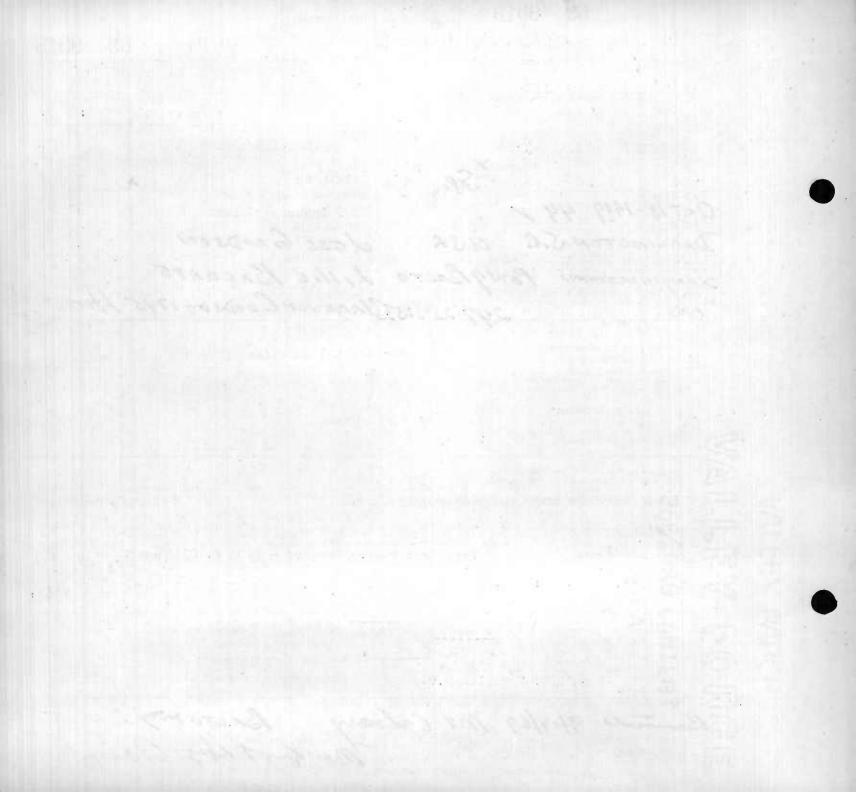
MALIJACKE (IIV BE)	ALTH DEPARTMENT
R-630	CENTIFICATE OF DEATH
MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG. NO. 59 9017
1. NAME OF DECEASED	2. DATE Knawn Month Day Yeor Hour
JUNIUS O. BROWN	OF DEATH Estimated . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	September 9,1969 6:55 P. _{M.}
15/	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before odmission) A. STATE B. COUNTY
UNIVERSITY HOSPITAL 6. SEX 7. RACE 8. MARDIED NEVER MADDIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED INEVER MARKIED	
Male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Baltimore YES NO D
June 16: 1993 last birthday) 46 Manths, Doys, Hours, Min.	1506 W. Franklin Street
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Littleton Va. WHAT COUNTRY?	Peter Brown
14A. USUAL OCCUPATION (Give kind af wark) 14B. KIND OF BUSINESS OR INDUSTRY dane dyring mas of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Lorboner Construction	Harnah Mason
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, na or unknown) (If yes, give wor or dates of service) SECURITY NO.	18. INFORMANY ADDRESS
18-3974	Donothy terouson 3/4/1. Carrollton Ave
19. CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ebral Hemorrhage
(A) IMMEDIATE C	
heort foilure, osthenio, etc. It means the diseose, injury ar camplication which caused death.)	S A CONSEQUENCE OF:
Urmont	angina Candianaganlan Diasasa
	ensive Cardiovascular Disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
0 2	yes (Head-only)
A COAL THE PROPERTY OF THE PARTY OF THE PART	Jeb (mead only)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in an about 22C WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIBUTION CAUSE OF DEATH.	in ar about 22C. WHERE DID (If in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.NJURY OCCURRED OF INJURY	in ar abaut 22C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
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UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.NNJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection Activated from: Natural causes X Accident Suicides ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	22C. WHERE DID (If in Baltimore City, give exact location) 22F. HOW DID INJURY OCCUR? 22F. HOW DI
UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.NNJURY OCCURRED OF INJURY (APPROX.) 23. I certify that I held an Inquiry Inspection Activates Accident Suicides Signature Examiner's Ronald N. Kornblum, M.D. EXAMINER'S Ronald N. Kornblum, M.D.	22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? WHILE ORK ad-Only) topsy ond that on this basis, death in my apinian e Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 9/10/69
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UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.NNJURY OCCURRED OF INJURY (APPROX.) 23. I certify that I held an Inquiry Inspection Active resulted from: Natural causes X Accident Suicides Suicides Suicides ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	in ar about 22C. WHERE DID (If in Baltimore City, give exact location) bldg., etc. INJURY OCCUR?

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111-0	46 69	9018	CERTIFICA	TE OF DEATH	REG. NO	69	9018
NAME OF DE	CEASED			DATE AN	D HOUR OF DEATI	<u>.</u>	
			Ed on	2. DATE AN	10 -2 303		
N	ACLAREN, Cli	fford	Nagare	9/10/	67 L H	m	M.
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE B. COUN		institution: residence	before odmission)
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland		1530	
NSTITUTION	ADDRESS OR LOCA	A IION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
15				Baltimore		YES 🔀	NO 🗌
				E. STREET AND NUMBER			
The C	Good Samarit	an Hos	pital	2509 Garris	son Blvd.		
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy) 61	If Under 1 Yr. Months: Days	If Under 24 Hrs. Hours Min.
Male	Negro	WIDOWED[DIVORCED	3/11/08	. 61		
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF	WHAT COUNTRY?
one during most o	of working life, even if retired)	NOA!	DRUG.CO.	BRITISH U	1557 [ND10	es clis	· A.
3. FATHER'S NA		1		14. MOTHER'S MAIDEN NA	ME		
James		REN		Isabelle			
5. Wos Decease	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDR	ESS
Yes, no or unknow	vn) (If yes, give wor ar date	es of service)	6-07-9529	wm H.m.	ason 5%	8 mt Ho	1/4 5+
18.	2 VI		CAUSE OF DEAT				OXIMATE INTERVAL
DISEA	ASE OR CONDITION DI	RECTLY			0	4 4	
	LEADING TO DEATH		(A) IMMEDIATE CAL	SE Severe Congae	Leve Hourt	talkene !	5 VVS
	not meon the mode of e, osthenio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE OF:			
	mplication which coused						
	ANTECEDENT CAUSES		D	0 0 1	. 00	` >	
			(8)	A CONSEQUENCE OF:	cal de	50	YVS
	OR CONDITIONS, if the obove couse (A)		DUE 10, OK AS				
	NG CONDITION lost.	stolling the	(0)	rostatic (ave	(OVES
			(0)				
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	IFFICANT CONDITIONS CO ATH BUT NOT RELATED TO T			Children and the second			
▼ DISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No	O DOR HE WEE WEEN	E EINDINGE CONE	DERED
19A. DATE C	OF OPERATION 198, CON		THICH OFERATION	Α ,	IN CERTIFYING C	E FINDINGS CONSI AUSES OF DEATH?	PERED
# X				Ye5			NO
OR CONTRI	BUTING CAUSE OF fy medical examiner	21B. ham etc.	e, farm, factory, street, o	n or about 2TC. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltim	are City, give exact	lacation)
0							
OF INJURY	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
€ (APPROX.)		Whi	ile At Not Whil	e 🗍			
	`				4.5	- A	
22. I certif	y that (1) (this haspita	l) attended ti	he deceased fram			9/10	*
that (1) (200	tast saw the decease	ed alive an	919	19 69 and th	nat in (my) (our) o	pinian death acci	urred an the date
and have a	nd from the services sto	and above (\ (Wa) (d:d) (d:d	iew the bady after death.			
		rea abave. (i	/ (ne) (ala) (ala nor) v	lew the bady after death.		23 B. DATE SIGN	ED
23A, SIGNAT	URE				s. " - f	23 B, DATE SIGN	/ /
Real	1000 W.C.	CH	M D DECREE Phy	nding Med. Director	Staff Phys.	9/10	169
23C. PHYSICI	IAN'S	V	DEGREE	23D. ADDRESS	K 100		
NAME	(Type)	7 1	MI	T/ // 4	. /	torut .	/
Kiel	nard W. Li	ght	DEGREE	Johns Hopk	125 (1-3/1/4/	1 (6)
REMOVAL	REMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY or CRI	/	OCATION	City, town, or count	y) (State)
Burn	· 9-13	69 1	inst Avo	unn /	Darto 1		
25A. DATE REC'	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R /	AD AD	DRESS
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a lawerry. /	700	. 2	1 / 1 1	1 22 11 13 21			



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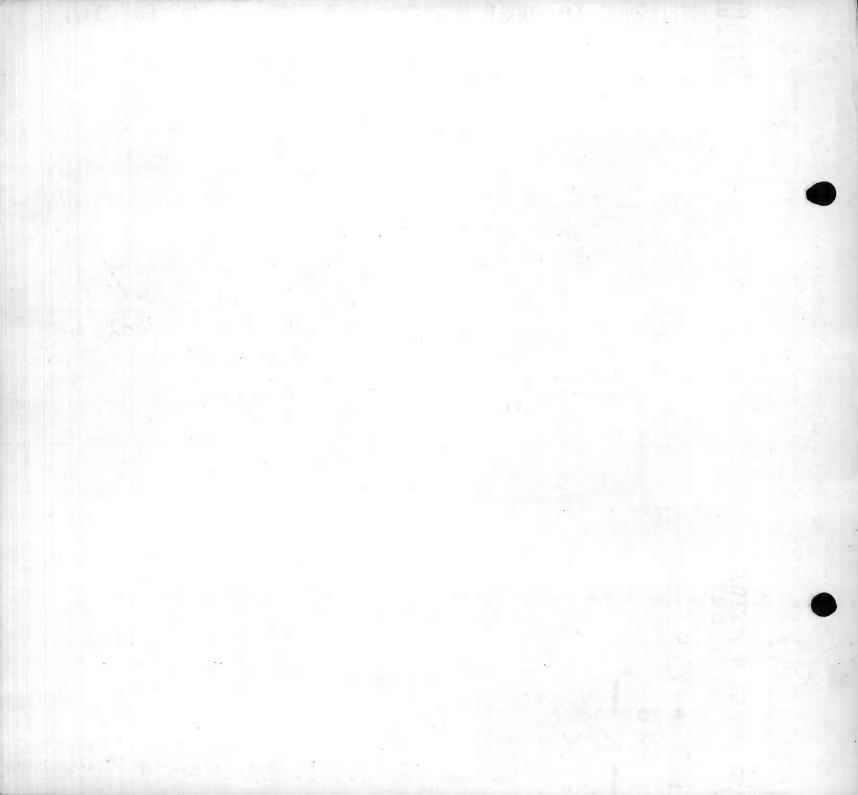


FUNERAL DIRECTOR:

150-REV- 1/1/6B

12/4 BALTIMICKE whige of the majoritud 1541 DIVISION ST. 31317 IA 2-6-35 34 1.2.14 5,6, CENSTRUCTION SOBA-J RUSY ELLA JAMES CARRELL U. HEPLING RECEDS. OW 1. Ac Acide, Massive CigiFi MALFURETTOWNS STARE VALVE of weeks RHEAMSHIC VILLE DISCOR 51h 75 MARRY ENSUR. YES PdP1 Winga 150 Sept 1, fully 189 69 Sept. 1. Rederick M. Region, 10. FAE DERNE N. PEARSON, MR Golinis He giros

/	11/1						REG. NO.		
(5-140	00	JURI	CERTIF	ICATE C	F DEATH	REG. NO.	00	9021
	TH NO.		. 6 %			2 DATE AN	D HOUR OF DEA	TH	
	e or Print)	FREDRA	ILCV						
	JOHI			REL SR		9-8-			4,20
3. P	PLACE IN BALTIMORE,	MARYLAND, V	WHERE BROK	IOUNGED DEAD	4. USU.		TY	It institution: r	esidence Detore admis
E111	LL NAME OF (IF	NOT IN HOSBIT	TAL OF INICE	HILLION CIVE STRE	3	BACT	TO A		11/12
HO	SPITAL OR AD	DRESS OR LOC	ATION)	TITUTION, GIVE STRE	CCITY	OR TOWN	10.1	NSIDE CITY L	IMITS?
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4	C			L TO LIGHT					
//	1 HOSPI	146					HT 57	REET	
5. SI	EX 6. RACE		7. MARRIE	D NEVER MARRI	ED B. DATE		ost birthday)	If Unde Months	
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EDA.	USUAL OCCUPATION	(Give kind of wor					an country)	12. CIT	ZEN OF WHAT COU
	during most of working lif			0 . 0			g,.		
-	RETIRED	Mugan	Bern 1	- Spice Con	young G	ERMAN	4	U.	SA
13. F	FATHER'S NAME	0 00-			14. MO	HER'S MAIDEN NAM	AE O	0	
	wm. po	m w	2.		1	/	0/2/) .	6.
	JOHN C	TOEBE			100	experin	espen	new	w2 -
	Was Deceased Ever in , no or unknown) (If yes,			1 6. SOCIAL SECURITY NO		RMANT	10	1	ADDRESS
	7007			JECONIII NO	101	n Freder	ich Go	relat	121-
-				24116	yeu.				APPROXIMATE INTERV
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	DISEASE OR C	ONDITION DI	IRECTLY	7717-9	Grown 149	~		0116	2
		G TO DEATH				IRINARY		/ 0	BSTRUCTION
					ATE CALISE	1K (1014/29	1 POST C	7 01	35/10/01/04
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	(This does not mean heart toilure, astheria			9. DUE TO	, OR AS A CONSE				
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FUNERAL DIRECTOR: IMPORTANT

12-5/4 69 902		HEALTH DEPARTMENT		00	0000
BIRTH NO.	2 CERTIFICA	TE OF DEATH	REG. NO	59	9022_
1. NAME OF DECEASED (Type or Print)	10	2. DATE AN	D HOUR OF DEATH		
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3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution; residence be	efore odmission)
		A. STATE B. COUN	CHARL	es ST	PPOT
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	10000			200
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15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	and ph	ADDRESS	12:
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(This does not meon the mode of dying, heart foilure, asthenia, etc. It means the dis-		A CONSEQUENCE OF:			
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MO. USA AMOREW BAOSS WILL DANGE TELEFORE MANUEL CROSS CHECK 11/11/2 TO SEE WAS DELICATED BY BURGHT Afisted and them CHITE WO. J. G. CONWELLY SONS 300 MINES

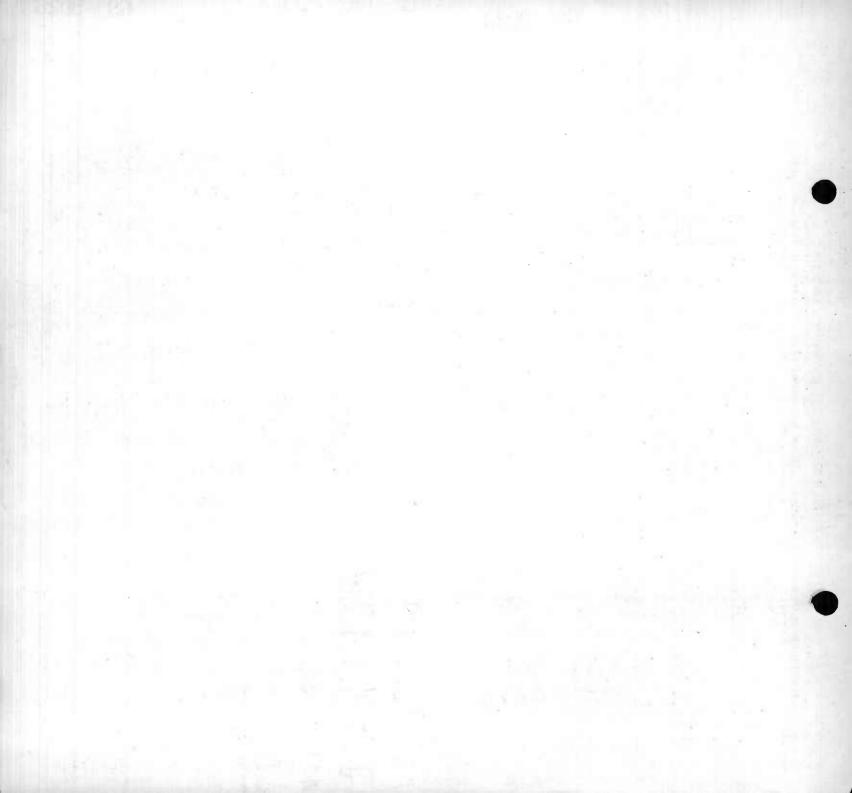
	C -200 69 9024 CERTIFICATI	E OF DEATH × REG. No. 69 9024
	T, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
╢	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Md BALTO 5300
	The Union Memorial Hospital	CITY OR TOWN ESSEX D. INSIDE CITY LIMITS? YES NO F
	5. SEX 6. RACE 17. AAADOUR FROM	802 Bangies Rd.
	6. RACE 7. MARRIED NEVER MARRIED 8. I	PATE OF BIRTH 9. AGE (in years if Under 1 Yr., if Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- 11	House te	Betimore, Md. USA
	13FFATHER'S NAME	MOTHER'S MAIDEN NAME
li	15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17.	Houz Linder
lli	lites, no of unknown) lit yes, give wor of doles of service) SECURITY NO.	ospital chart
-	V	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO DE AS A CO	Gastes Steel Bleeding
	heoft failure, osthenia, etc., it means the disease, injury or complication which caused death.) DUE TO, OR AS A CC	DISEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if ony, giving ise to the above couse (A) stoting the	ONSEQUENCE OF:
	UNDERLYING CONDITION last, (C)	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	70
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofity medical examined) 21B. PLACE OF INJURY (e.g., in or home, larm, foctory, street, office etc.)	obout 21 C. WHERE DID (If In Boltimore City, give exect location) bidg., INJURY OCCUR?
	21D. TIME (Manth) IDoy) IYeot) (Haud) 21E INJURY OCCURRED While At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (1) (this haspital) attended the deceased from	8 SOPT 1969 to 8 SOPT 1969
	that (1) (we) lost saw the deceased alive on 8 Sept.	19 3 2 and that in (my) (our) opinion death accurred on the date
	and hour and from the couses stated above (We) (Me) (did nat) view	
	M Canada M.O. Attending	
	DEGREE THYS	ADDRESS
	DEGREE /	the Union Mamorial Hospital
2	24A. BURIAL CREMATION, REMOVAL ISpecify) 24B. DATE 24C. NAME of CEMETERY of CREMATION HOLLY HELD HELD HELD HELD HELD HELD HELD HELD	IORY 24D. LOCATION (City, town/or county) (Stote)
1 2	SURIAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Sons BALTO. MO.
	SEP 1 1 1969 Paber E. Jarber M.D.	T.5. CONNELLY SONS 300 MACE
12	VS 150 BSV 10748	3 0- 11110

1974 Baltimore The Elmin Moment Hopetal Sc & Bonges Rd 122725 48 Housemfe Between Md: Anna Line Fridingend Wolf The state of the same of the The side of Microson M.C. The Clair Mount Stran BOSIMI STUPP JE STUTTY 15-13 BILLIAN IN 180 D

VS 150-REV. 1/1/68



(u) - 450 69 90	22	Y HEALTH DEPARTMENT	G. NO.	9026
BIRTH NO.	CERTIFICA	ATE OF DEATH		
Type or Print) MARY 1.	Willick	Sopt 10	, 1969	3 A . N
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institutions reside	nce before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Merryland	D INICIDE CITY LIMITE	701
NSTITUTION		C. CITY OR TOWN	D. INSIDE CITY LIMITS	NO 🗆
00 815 M. Stren	per	815 h. Street	eper St	
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lost birthdo		r. If Under 24 Hrs.
on usual occupation (Give kind of work 108, KI	OWED DIVORCED	11. BIRTHPLACE (State or foreign country)	2	OF WHAT COUNTRY
one during most of working life, even if retired)	ND OF BUSINESS OF INDUSTR	Me. A . Lo	()	SA.
Home maker		14. MOTHER'S MAIDEN NAME		-111
John Kales	+	mary		
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		DRESS CT
'es no or unknown) (Ilf yes, give wor or dotes of se	21350403151	Claude Nelms	815 n. Str	sepon III
18. 462XI	CAUSE OF DEAT	тн		PROXIMATE INTERVAL EEN ONSET AND DEATI
DISEASE OR CONDITION DIRECTLY		USE Pulmenary E	dame 9	18 - 9/11
(This does not mean the made of dying,			-certain	
heart foilure, asthenia, etc. It means the di injury ar camplication which caused death.		0 1 - 0	4	
ANTECEDENT CAUSES	(B)	Cardiac Hetery	gendalion	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	3 3	S A CONSEQUENCE OF:	A	. ?
UNDERLYING CONDITION last.	(c)	Reperleuse	77	*
Z OTHER SIGNIFICANT CONTROLS CONTROLS	TING	A - C		2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		asselmaselsio	Zos	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN		20A. AUTOPSY? (Yes or No) 20B. IF Y	TES, WERE FINDINGS CON	NSIDERED TH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If	f in Boltimore City, give exc	oct locotion)
21D. TIME (Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCU	JR?	
(APPROX.)	While At Not Whi			
22. I certify that (I) (this haspital) atter	ided the deceased from	8/3 1964	10 9/10	1969
that (I) (we) last saw the deceased aliv	e an	9 19 6 9 and that in (my)		
and hour and fram the causes stated abo	ive. (I) (We) (did) (d id not)	view the bady after death.		
23A. SIGNATURE	AH R. I.D .	ending Med. Staff	23 B. DATE SI	GNED 10
23C. PHYSICIAN'S	DEGREE Ph	ending Med. Staff Phys. 23D. ADDRESS	-//	10/6/
NAME (Type)	MES MID	7623 8 mc	Aumlu 1	hold-
24A. BURIAL CREMATION, 24B. DATE	DEGREE		(City, 10wn, or co	unty), (Stotel
DEMOVAL (Specify) 9-13-69	St. Stonles Cho	uch Company Boals	Lan Main	yland
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 11 1969 Robert & To	Bey M.D.	They & Cook 1	24 Chester	Bre
VS 150-REV. 1/1/6B	7 7 1			7

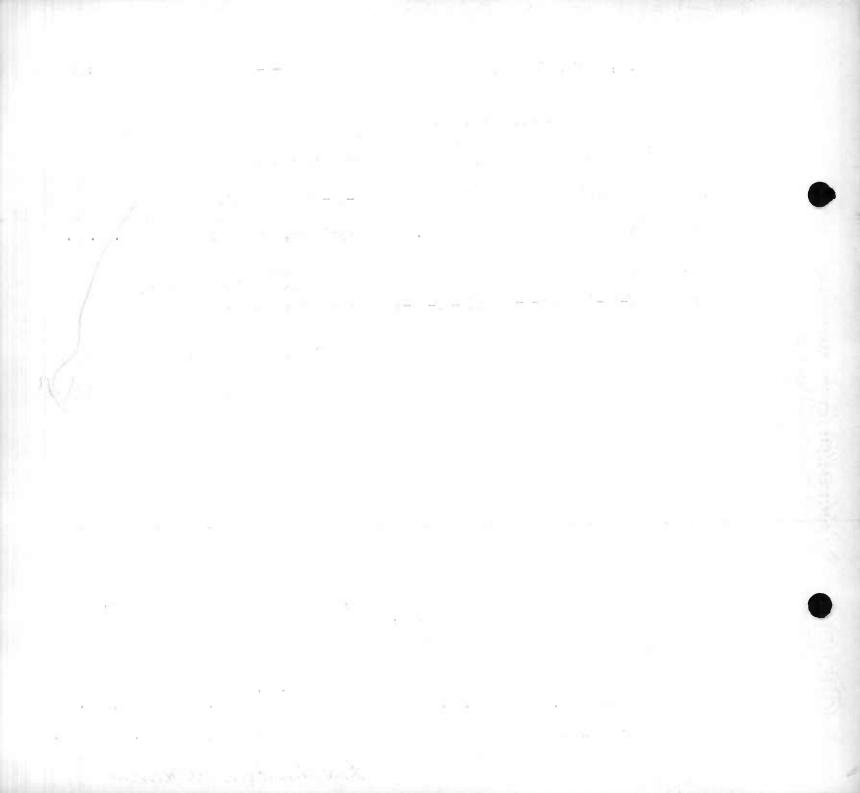


5		Y HEALTH DEPARTMENT REG. No. 69 9027
	KIH NO.	ATE OF DEATH REG. No
(T	NAME OF DECEASED (PE OF Print) MR. OSKAR E. SWENSON	1 / 64 124 10 13
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) 8. COUNTY
FI H II	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND. 263/
Į.	CHURCH HOME AND HOSPITAL.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	BALTIMORE, MARYLAND 21231	E. STREET AND NUMBER 5913 EURITH AVE
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs., Months; Doys Hours; Min.
	W. WIDOWED DIVORCED	19/10/91 71
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
1	TEEL WORKER Bethlem Steel Co.	Kalmar, Sweden U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	EROCH SMENSON	CHARLOTTE DANIELDOTTER.
(Yé	Was Deceosed Ever in U. S. Armed Forces? s,no or unknown) UI yes, give wor or dates of service) Yes WW1 16. SOCIAL SECURITY NO 215-11-0810	MRS. MARGARET SWENSON, 5913 BURIT
	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE CARDIAC ARREST.
	hearl foilure, osthenia, etc. it means the disease.	A CONSEQUENCE OF:
	injury or complication which caused death.)	
	ANTECEDENT CAUSES (B) ASC V	D. ECHF and cardial arrhythmus. A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the obove couse (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	BUBLI
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	oma of prostati gland.
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
A	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of DEATH (nosity medical examines)	n or obout 21 C. WHERE DID (If In Bollimare City, give exoct lacotion)
EDIC.	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ξ	(APPROX.) While AI Not While	e 🗂
	22. I certify that (1) (this hospital) attended the deceased fram	
	that (I) (we) last sow the deceased alive on	7 19 69 ond that in (my) (our) opinion death occurred on the date
	ond hour and from the couses stated obove. (i) (We) (did) (did not) v	lew the body ofter deoth.
	1 8 1 1 1	nding Med. Shaff Director Phys. 23B. DATE SIGNED
	22C BUYCICI AND	230. ADDRESS CHURCH HOME AND HOSPITAL
24#	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	
	Burial 9-10-1969 Parkwood Cemeter	toloid,
254	FP 1 1 1969 Beat E. Jaiber 1.0	25C. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home 7401 Belair Road
VS	150-REV. 1/1/68	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and No physician was in regular attendance on the deceased prior to death. Such written annowal must be obtained before the such as the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

5 6	40 69	9028	BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO.		3020	CERTIFICA	TE OF DEATH	X REG. NO	- 69	902	8
1. NAME OF D				2. DATE A	ND HOUR OF DEATH			
	MALL, Frank R	idgeway		9-6-	-69	1	9:25	P.
3. PLACE IN B.	ALTIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Wh	ero deceased lived. If i	institution; lesi	dence before	odmission
FULL NAME OF HOSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUT	TION, GIVE STREET	Maryland Ba/	NII		5=	300
NOITUTION	Veterans Admin			C. CITY OR TOWN		IDE CITY LIMI	TS?	
13	3900 Loch Rave	en Bouler	rand	Baltimore		YES 📑	№ 🗌	
	Baltimore, Mar			E. STREET AND NUMBER		/		
5. SEX	- 6. RACE			114 Linhigh A	101140	1236		
			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Months; Do	Yr. II Und	lei 24 His Min.
Male	Caucasian	WIDOWED	DIVORCED _	6-26-21	10	Atomins De	bys Hours	IVIIn.
IOA. USUAL OC	CUPATION (Give kind of worl of working life, even il retired)	10B, KIND OF B	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN	N OF WHAT	COUNTR
Sales Cl		Mand	tins Co.	Politimana Ma				
3. FATHER'S N.		11d1	ULIIS OU.	Baltimore, Ma		U.	S. A.	
				14. MOTHER'S MAIDEN NA	ME			
Frank Sm				Rose Jackson	40.11			
15. Was Decease (Yas, no or unknow	ed Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT VA HO	spital Recor	rds A	DDRESS	
Yes	7-18-44 to		SECURITY NO. 20-03-85-79	Baltimore, Ma			-	
118.	2		CAUSE OF DEAT		LJ LOUIG RIRIC			
/ 6	ASE OR CONDITION DI	rant u	CAUSE OF DEAT		and the latest trans		APPROXIMATE !!	
Distr	LEADING TO DEATH	RECILY		M1 2 2				
(This does	not mean the made of	dving, e.g.,	(A) IMMEDIATE CAL	se Tracheal obs	struction		1 Day	7
heart tailure	e, asthenia, etc. It means Implication which caused	the disease.	DUE IO, OR AS	A CONSEQUENCE OF:				
Juloty of co		deam,)		Carcinoma of	lung		1 Yea	יינפ
	ANTECEDENT CAUSES		(B)		741.6		1 100	11
DISEASES	OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			*************	
UNDERLYIN	he above cause (A) IG CONDITION last.	stating the						
			(c)				************	
OTHER SIGNI	IFICANT CONDITIONS CON	ITOIDI ITOI O						
E ITO THE DEA	THE RUT NICTURE ATENTO TO TH	IS TERRAL AT				ľ		
19A DATE O	CONDITION GIVEN IN PART	T (A).	ICU ORFATION	1004	·			*********
	OF OPERATION 198. CON	ORMED	ICH OPERATION	20A. AUTOPSY? (Yos or No	IN CERTIFYING CA	FINDINGS CO	NSIDERED	
21A ACCIDI	FNT WAS LINDEDLYING	210 00	400 00 100					
OR CONTENIE	ENT WAS UNDERLYING	home,	form, factory, street, of	or obout 21 C. WHERE DID	(li in Boltimor	e City, give ex	oct locotion)	
DEATH (notil	y medicol exomined	etc.)						
OF INJURY	(Month) (Doy) (Yeos)	(Hour) 21E IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)		While	At Not While					
22 1	al a MA /al a di a a	Work	AI WOR		177		7	
	y that (X) (this hospital)				19 69 to Sept		19	69
) last saw the deceased				at in (my) (our) opin	nion death c	occurred on	the date
and hour an	d from the causes state	ed abave. (1) (We) (did) (MINISTER VI	ew the body ofter death.				
23A. SIGNAT	URE	1 1	ALLEGA VI			23 B. DATE SI	ĠNED	
1 4	about Dan	alter 1	Atter	ding Med. Director	Staff (70)		7-69	
23 C. PHYSICI	AN'S	y work	0.000		Staff Phys.	/	1.07	
23 C. PHYSICIA NAME (Hospital			
A CONTRACTOR	Robert D.			3900 Loch Raver	Blvd., Bal	timore,	Md. 21	1218
REMOVAL	EMATION, 248. DATE		E of CEMETERY of CRE		CATION (Cit	y, town, or co		(Stote)
Buria	0 70 70	69 Par	kwood Cemete:	ry Park		lto.	Md.	
A. DATE REC'D	BY HEALTH DEPT.	25B NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR			A D D 2 - 2 - 2	
SEPT	1 1050 Poles	E. Jabes	A.D.			1 '	ADDRESS	
S 150-REV. 1/1/	T. 1000		2	about of	uneral m	ome	•	
- 130-VE AP 1/1/	V 0							



DIRECTOR:

VS 150-REV. 1/1/68

NO

If Under 24 Hrs.

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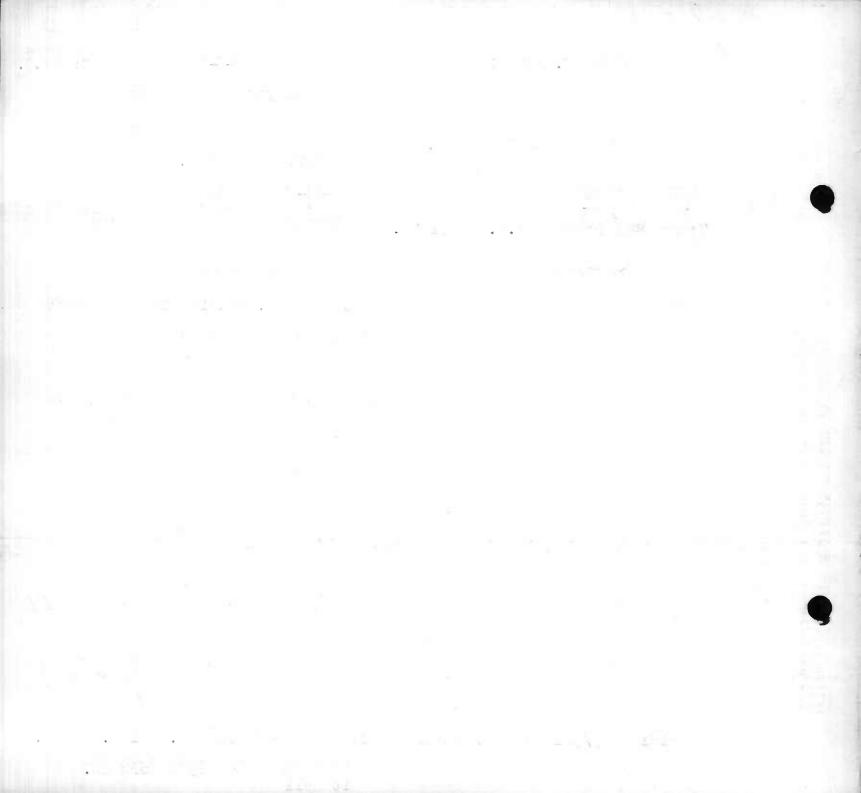
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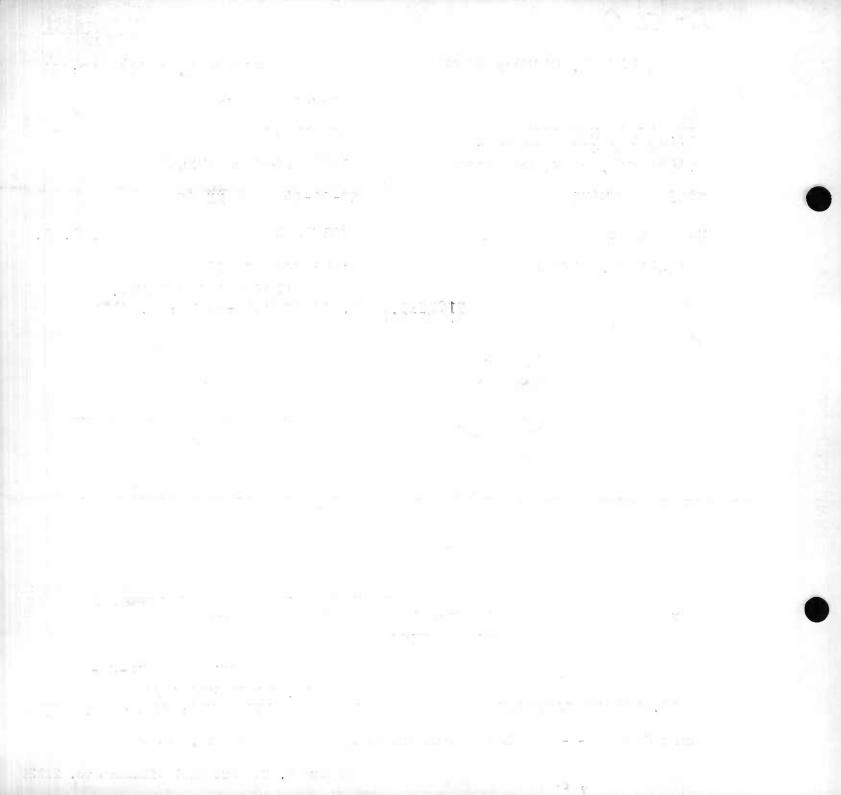
DIRECTOR:

FUNERAL

approved



L-560 69		THEALTH DEPARTMENT REG. NO	69 9031
BIKIH NO.	9031 CERTIFICA	TE OF DEATH REG. NO	00 0001
(Type or Print)	CHARD CARVEL	2. DATE AND HOUR OF DEATH	
LATNUR, RI	CHARD CARVEL	SEPTEMBER 8,	1969 10:15A M.
3. PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC.	TAL OR INSTITUTION, GIVE STREET ATION)	MARYLAND 2122/	5300
ST. AGNES HOSPIT	AL	BALTIMORE	SIDE CITY LIMITS?
WILKENS & CATON		E. STREET AND NUMBER	163 140 17
BALTIMORE, MARYL		1908 WOODSIDE AVENU	F
5. SEX 6. RACE	7- MARRIED NEVER MARRIED XX	B. DATE OF RIPTH IN AGE III HOUSE	If Under 1 Yr If Under 24 His
MALE WHITE	WIDOWED DIVORCED	07-01-04 lost birthdey) 65	Months Days Hours Min.
toA, USUAL OCCUPATION (Give kind of world dane during most of working life, even if refired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote et foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Armco	MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
WILLIAM H. LAYNO	R	ANNA MAY (GILTZ)	
15. Was Deceased Ever in U. S. Armed Fer	ces? 1 6. SOCIAL	17. INFORMANT WILKENS & CATO	N AVE ADDRESS
(Yes, no or unknown) (If yes, give war or date	SECURITY NO.	ST. AGNES HOSP-BALTO;	
18.7 × 14 X	CAUSE OF TEAT		APPROXIMATE INTERVAL
DISEASE OF CONDITION DI	RECTLY 3		BETWEEN ONSET AND DEATH
LEADING TO DEATH		ISE GRAM NEG SEPTICE	-M14
(This does not mean the mode of heart lailure, asthenia, etc. It means	DUE TO, OR AS	A CONSEQUENCE OF:	
injury at complication which coused	Action of the second		
ANTECEDENT CAUSES	1NIFE+	ED 151 1 2ND DEGREE	BUICHS
DISEASES OR CONDITIONS, II	OUE TO, OR AS	A CONSEQUENCE OF:	PURIO
rise to the above cause (A) UNDERLYING CONDITION lost.	stidling the S	WBITUS WLEER	
ONDERLING CONDITION 1051.	(c) 100	WOTTED GLLCK	
Z OTUST SIGNUS	3 3		
O OTHER SIGNIFICANT CONDITIONS CO	HE TERMINAL-		
O DISEASE OR CONDITION GIVEN IN PAR	T 1 (A). DITION FOR WHICH OPERATION	120A AUTORIO (V. a. Na) 208 III VII	
WAS PERI	FORMED 3	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or about 21C. WHERE DID (If to Baltima	re City, give exact location)
DEATH (notify medical exomined XE	Tevas etc.) at home	1918 11/14	1.14 (10)
O 21D. TIME (Month) (Dov) (Year)	(Hour 21E INJURY OCCUPRED	21F. HOW DID INJURY OCCUR?	when noe
Sept 3 1969		N humad hima 16 -1:1	
20 1 4 40 41 4	Work L At Work	wurned himself while n	
22. I certify that (I) (this haspital	attended the deceased from SI		
that 🕅 (we) last saw the decease			nian death accurred on the date
and haur and from the causes stat	ed abave.XIX(We) (dld) XIXXX) v	lew the bady after death.	
23A. SIGNATURE			238, DATE SIGNED
M. Capelin	G DEGREE Phys	nding Med. Staff Phys.	09-08-69
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS ST. AGNES HOSPI	TAL
DR. MARINO CAB	YLING	WILKENS & CATON AVE; BA	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETERY OF CRE		ity, town, or county) (State)
Cremation 9-9-69	Loudon Park Crema		
25A. DATE REC'D BY HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
SEP 1 1 1969 Page 8	E. Faiber M.D.	Howard H. Hubbard 4107	
VS 150-REV. 1/1/68		0 8 0 7 7	



X	5-324 69	9032		HEALTH DEPARTMEN	X	69 9032
1.1	NAME OF DECEASED		CERTIFICA		E AND HOUR OF DEAT	
_	STICKELL		CATHERINE	SI	PTEMBER 8,	1969 8:45P
FU	PLACE IN BALTIMORE, MARYLAND ILL NAME OF (IF NOT IN HOS STITUTION) PLACE IN BALTIMORE, MARYLAND (IF NOT IN HOS STITUTION)	PITAL OR INST	DUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived If OUNTY 53/76, Co. 21227	institution: lesidence before admission
IN.	ST. AGNES HOSPI	TAL		BALTIMORE	, D. IN	SIDE CITY LIMITS? YES NO X
	WILKENS & CATON BALTIMORE, MAR		S 21229	E. STREET AND NUMB	ER ZENS AVENUE	bond - Lind
F	EMALE WHITE	WIDOWEL		8. DATE OF BIRTH 05-21-08	9. AGE (In yours lost birthdoy) 6 1	If Under 1 Yr. If Under 24 His Months Doys Hours Min.
AO1	LUSUAL OCCUPATION (Give kind of vice during most of working life, even if refire DISPATCHER	df I	tus Cab Co.	MARYLAND	foreign country)	U. S. A.
13.	FATHER'S NAME JOHN SCHULTZ, G	EORGE A		LOUISE	NAME (WHITE)	
5. Y e:	Was Deceosed Ever in U. S. Armed s, no or unknown) (If yes, give wor or o NO	Forces? lotes of service)	16. SOCIAL SECURITY NO. 216035282	ST. AGNES	HOSPITAL, MARYLAND	WILKENS & CATON 21229
	DISEASE OR CONDITION LEADING TO DEAT		CAUSE OF DEAT	Subjus	, `011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	(This does not mean the mode heart failure, asthenia, etc., it med injury or complication which cous	ns the disease ed deoth.)	,	A CONSEQUENCE OF:	4	d
	ANTECEDENT CAUSES Nombocyto			1	penid	
	DISEASES OR CONDITIONS, if ony, giving nise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C)			A CONSEQUENCE OF:	V	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN I	THE TERMINAL	************************			***************************************
ERTIFIC	19A-DATE OF OPERATION 19B C	ERFORMED	WHICH OPERATION	YES	1 No. 208 IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ineffy medical examines	21 ho	B. PLACE OF INJURY (e.g., i me, form, foctory, street, of L.)	n or obout 21C. WHERE DI fice bidg., INJURY OCCU	D (II in Boltime	ore City, give exoct location
MEDI	21D-TIME (Month) (Doy) (Ye OF INJURY IAPPROX.)	w	E INJURY OCCURRED hile At Not While onk At Work		INJURY OCCUR?	
	22. I certify that XI) (this hospi that XI) (we) lost saw the dece			10	19 69 to SE	PTEMBER 8 19 69
	and hour and from the couses s					
	23A. SIGNATURE Kathny	5.8	ues MD DEGREE Phys	nding Med.	Stoff Phys.	238, DATE SIGNED 9/9/69
	The second secon	S EVE	RS MD	WILKENS &	CATON BALTO	O MD 21229
24A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)		AME of CEMETERY OF CRE			City, town, or county) (Stotel
25A	Burial 9-12-	69 Lo	udon Park Ceme	25C. FUNERAL DIREC	Baltimore,	ADDRESS
	2FLIT 1202 1008	در المد	out the	Howard H.	Hubbard 4107	Wilkens Ave. 21229

7 " A TOTAL SECTION OF THE PARTY OF The second secon region of a region of the second

VS 151-REV. 1/1/6B

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Midzier I. Warren Dib iz giardy wa. I m - Le 4544 - 04 [25] [2] [10] 맞이 5일, 2. 34 PR 10의 [20]

FUNERAL DIRECTOR:

REG. NO. 69 9034
ID HOUR OF DEATH
ember 8 1969
D. INSIDE CITY LIMITS?
YES NO
e Drive 21207
9, AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
gn country) 12. CITIZEN OF WHAT COUNTRY?
U. S. A.
ME
known)
ADDRESS
2678 Gatehouse Drive 21207
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Medestess 6Mo
Met. Caran, 4/m.
94.
208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(If in Boltimore City, give exact location)
in in seminary City, give exect toconon)
URY OCCUR?
19 5 18 19
1969 to Sold 8 1969.
not in (my) (our) opinion death accurred on the date
238, DATE, SIGNED
Shoff 9/9/49
Phys. L.J
ne Heights Ave. Baltimore
OCATION (City, town, or county) (Stole)
Middle Village, New York
ADDRESS
bbard 4107 Wilkens Ave. 21229
9

	B-200	2,69	9035		HEALTH DEPARTMEN		69 9035
	NAME OF DECEASE	766		CERTIFICA	TE OF DEATI	1	
ίŤ	ype or Print)	1550	1	SOBU 1	Day 2. DAT	9-4-6	
3.	PLACE IN BALTIMO	RE MARYLAND, W	HERE PRONO	UN CED DEAD	4. USOAL RESIDENCE	Where deceased lived If	institution: residence before admiss
FIHI	ULL NAME OF OSPITAL OR ISTITUTION	IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
13	5 CHURCH	HOME	A Ho.	PITAL	BALT (P	R	YES NO X
					1906	Hemco	WAY.
5.	SEX 6. RA	ICE (A)	7- MARRIED	NEVER MARRIED V	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Months! Days Hours Min
10		0.0	WIDOWED	DIVORCED BUSINESS OR INDUSTRY	9-4-69		1 4
do	ne coming most di workin	p life, even il retired)	-		Baltimore Church Ho	Mary Land	MD US
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	BEVER		328		BERNA	DETTE Solt	ysiak
15. (Ye	Was Deceased Ever	in U. S. Armed For	ces? is of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	NO			Mr. BeverIv R	Busse - 190	6 Armo Way. #212
Γ	18. 7777	XI		CAUSE OF DEATH		Dusse - 190	1 APPROXIMATE INTERVA
		CONDITION DI	RECTLY		4 +	/	BETWEEN ONSET AND DE
	(This does not me	an the mode of	dving. e.c	(A) IMMEDIATE CAU		uty (21 week	<u> </u>
	heart lailure, asthe	nia, elc. Il meons	the disease,	DUE IO, OR AS A	CONSEQUENCE OF:		
		CEDENT CAUSES					
	DISEASES OR C			(B)OR AS	A CONSEQUENCE OF:	***********************	*******************************
	nise to the abounded	ve cause (A)	stating the				
	CHECKETHIO CO	11		(C)			
ATION	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT	CONDITIONS COL	HE TERMINAL	***************************************			
CERTIFIC,	19A-DATE OF OPER		DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes a	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDENT WAR OR CONTRIBUTING DEATH Inatify medic	I I CAUSE OF	218. hom etc.)	PLACE OF INJURY (e.g., In e, form, factory, street, alf	or obout 21 C. WHERE DI	(If In Baltima	re City, give exact location)
MEDI	21 D. TIME (Mon	th) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
<	IAPPROX.)		Whi	le At Not While At Work			
	22. I certify that	(I) (this hospital) ottended ti	ne deceosed from		19to	19
	that (1) (we) lost	sow the decease	d olive on		19ond	that In(my) (our) opi	Inlon death occurred on the d
	and hour and from	the couses stat	ed obave. (I) (We) (did) (did nat) vi	ew the body ofter dec	th.	
	23A. SIGNATURE	0		Aller	4:		238, DATE SIGNED
	23 CUHYSICIAN'S	ormanj	2., h.		ding Med.	Shoff Phys.	Sept. 4, 1969
	NAME (Type)	-	•	2	3D. ADDRESS		
24	J. W. Do	rman Jr.,		DEGREE		an d Hospita	
	REMOVAL (Specily		-	ME of CEMETERY of CRE		LOCATION (C.	ity, town, ar cauntyl (State)
_	Burial A. DATE REC'D BY H	9/10/69		• Stanislaus (Baltimore, Ma	
231	SEP 1 1 198		25B. NAME O		CONTROL A MA		Ann St. #21231
VS	150-REV. 1/1/68	12 Amaria C	- Annoei	, v 1, W	Heorge W. Me	ner - 100 2*	Aun St. #21231

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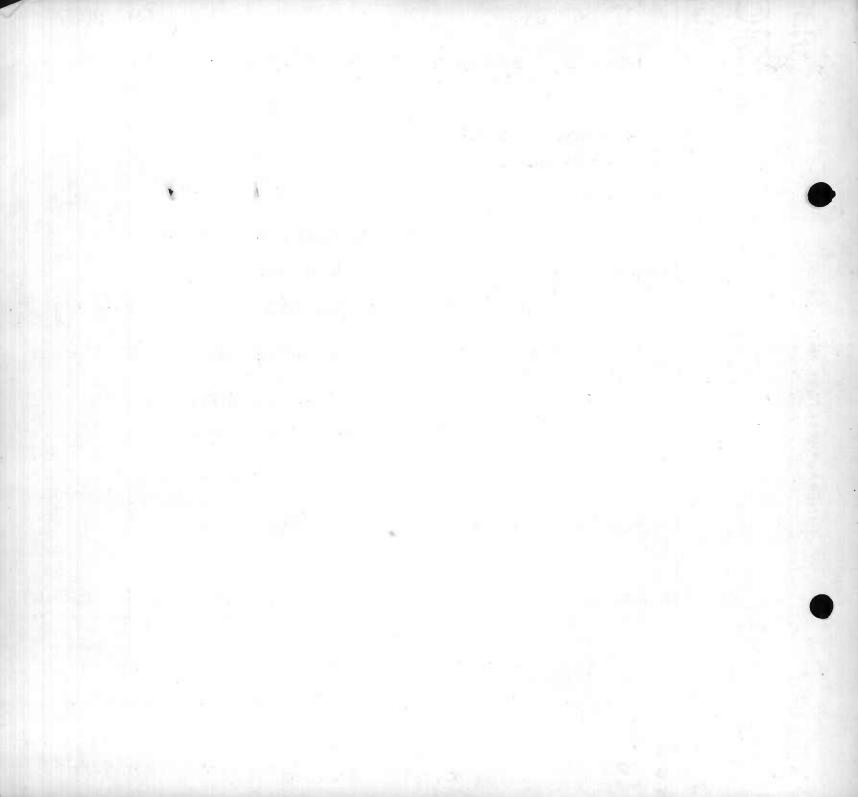
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FUNERAL DIRECTOR:

	3-524 69 9036 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 9036
	RTH NO.
(1)	NAME OF DECEASED SINGleton Gladis (Cole Sent 9 1969)
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence below admission) A. STATE B. COUNTY
- [] H	JUL NAME OF OSMITAL OR INSTITUTION, GIVE STREET OSMITAL OR INSTITUTION, GIVE STREET OC. CITY OR JOHN D. INSIDE CITY LIMITS?
B	E. STREET AND NUMBER
L	NON DECOUR 1933 Louretta Aue 1604
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months; Doys Hours; Min.
10,	A. USUAL OCCUPATION IS ve kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY?
do	Housewife (15 A.
13.	FATHER'S NAME
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Ye	No. 17. INFORMANT 17. INFORMANT ADDRESS ADDRESS
	18. 4 1 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH
	(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. II means the disease,
	injury or complication which caused death.)
	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.
	UNDERLYING CONDITION Iosi. (C) Seven A VOLUME
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
EDICAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
LEDÍ	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
×	(APPROX.) While A1 Not While A1 Work A1 Work
	22. I certify that (+) (this hospital) attended the deceased from 9 6. 1969 19 ta 9 0 6 719
	that (1) (we) last sow the deceased alive on 9 9 19 and that in (mg) (our) opinion deoth occurred on the date
	and have and from the causes stated obove. (1) (We) (did) (did not) view the body ofter death.
	Attending Med. Staff 999.69
	DR BILAR AHMED OURESH BON-SECOGR HOSPITAL Balturo
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION ICity, town, or county (Stote)
	BUKIA1 4/13/69 17-1. HUBYEN CEM Balte. Md.
0.00	EP 1 1 1969 Pales & Valley A.D. 258, NAME OF REGISTRAR 25G. FUNERAL DIRECTOR 1964 F. H 1761 Loureus
VS	150-REV. 1/1/68



	1/11/1/	1 00		BALTIMORE CITY	HEALTH DEPA	RTMENT		00	0000
BIR	4-90 C	69 9	3037	CERTIFICA	TE OF D	EATH	REG. NO	69	9037
1.1	AME OF DECEAS	WELL,	BENE	JAMIN F		Septer	now 9, 1	_	6:30 P.M
3.	PLACE IN BALTIM	ORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESI	DENCE (Where	deceosed lived. If	institution: re	sidence before admission)
FU	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSP ADDRESS OR LOC	ITAL OR INSTITU CATION)	JTION, GIVE STREET	BALTO C. CITY OR TON	.MD.		SIDE CITY LIF	
1	-UTHERAN	HOSPITAL TON STREE	OF MARY	LAND	BALT E. STREET AND	IMORE		YES _	NO 🗌
	BALTIMORE	- MARYLA	ND 212	16.	3311	WALE	ROOK	AVÊ.	1506
5. :		RACE	T-	NEVER MARRIED	8. DATE OF BIR	11	AGE (In years	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
	MALE I	NEGRO	WIDOWED	= =	6-12	-1927	st birthdoy) 48	Months	Doys Hours Willi.
	USUAL OCCUPA	TION (Give kind of wo		BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZ	EN OF WHAT COUNTRY
	e during most of work	king life, even if retired	LINE	EMPLOYED,	Camde	No Neu	Jerse.	y U.	S. CITIZEN,
13.	2:	min 1	011011	5-	14. MOTHER'S	LSC	laulos		
S.	Wos Deceased Ev	er in U. S. Armed F	oices?	1 6. SOCIAL	17. INFORMANT		710		ADDRESS AL
,16	1 11	yes, give wor or do	ites of service/	214-04-197	His	12-1	Howell	133	14 200 04
_	18.	(3)		CAUSE OF DEAT	H ///55	TEHLI	Mousell	1962	APPROXIMATE INTERVAL
	9/1	OR CONDITION D	NECTI V					В	ETWEEN ONSET AND DEATH
		ADING TO DEATH		WANTEDIATE CA	Rechiz	atary F	iluxo	-2	9 1000
		meon the mode		(A) IMMEDIATE CA	A CONSEQUENCE	E OF:	riture		J MUNAS
		thenia, elc. It mean colian which couse							
	AN	TECEDENT CAUSE	S	BRONG	HO PNIEN	MONIA (AC DIDO TI	1100	
	DISEASES OR	CONDITIONS, if	anv. aivina	DUE TO, OR AS	A CONSEQUENCE	CE OF:	ASPIRATIO	ונאנ	
	rise to the	obove cause (A ONDITION last,	, , ,				Hepatic		••••••••••••
_		11							
Ö		NT CONDITIONS C		Henal	tie Com?	suite 1	Convulsi	2 ~	
AT	DISEASE OR CON	DITION GIVEN IN PA	ART 1 (A).						
ERTIFIC	19A. DATE OF OF		NDITION FOR VERFORMED	WHICH OPERATION		SY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING C.	AUSES OF D	CONSIDERED DEATH?
CER	21A. ACCIDENT	WAS UNDERLYING	1218.	PLACE OF INJURY (e.g.,			(If in Boltim	ore City, give	exoct location)
AL	OR CONTRIBUTING	NG CAUSE OF	hom etc.)	e, form, foctory, stept, o	ffice bldg., INJUR	Y OCCUR?	(ii iii boiliiii	ore only, give	e caper locollon,
DIC	21 D. TIME (N	Nonth) (Doy) (Yeo	r) (Hour) 21 E.	INJURY OCCURRED	21 F H.	OW DID INJU	PY OCCUP?		
ME	OF INJURY	10111111 12077 17001		ile At Not Whi		OW DID INSO	KI OCCOK.		
	(APPROX.)		Wo						0
	22. I certify the	at (I) (this haspit	al) attended tl	he deceosed from Su	eptember	v 6, 19	69 10 Sep	tembe	v9, 1969
	that (I) (we) lo	st saw the deceo	sed alive on	Segtember 9,	19.69	ond that	in(my) (our) of	inion deot	h occurred on the dote
) (We) (did) (414-41)	view the body o	ofter deoth.			
	23A. SIGNATURE							238. DAT	ESIGNED
	\mathcal{P}	Lal:	M.B.	R C Att	ending N	Med. S	taff hys.	Sept	1969.
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241	REMOVAL (Spec	TION, 248. DATE	169 H	AME of CEMETERY OF CR	EMATORT	24D. LO	A. Co	City, town, or	Aruland
25/		HEALTH DEPT.	25B, NAME C	F REGISTRAR	2SC. FUNER	AL DIRECTOR	3	1	ADDRESS
	SEP 11 19	69 labert	E Value	件员	Mapt	ONE D	gett F. H.	120	OI LAURENS
VS	150-REV. 1/1/68		+ 7 -			7.5) '''		· · ·



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6	216	£ 68	9 90)38	BALTIM	ORE CITY HE	ALTH DEP	ARTMENT					
BIR)-600 1HNO.66		MEL	ICAL	EXAM	INER'S	CERTIF	ICATE C	OF DEA	TH REG. N	69	903	38
1. N	IAME OF DEC						2. DATE	Known X	Month	Doy	Yeor	Hour	_
					BARNES		OF DEATH	Estimoted		8	69	1:28	ам.
	NAME OF						3. DATE PRON	OUNCED DEAD		νογ	Yeor		
HOS	PITAL NSTITUTION	ADDRE	SS OR LOCA	TION)	ITUTION, GIVE		5 USUAL	RESIDENCE (V		tember			a M.
3	3		s Hopki		spital		A. STATE	Mary1a		B. COUNT	Υ	805	1011)
6. S		7. RACE		8. MARRI	ED 🔲 NEVEI	R MARRIED	C. CITY C	OR TOWN		D. INSIDE	CITY LIMITS	?	
	Female	Negro		WIDOW		DIVORCED _		1to.			YES 🔀	NO 🗌	
	ATE OF BIRTI	,	10. AGE (II		If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.	E. STREET	AND NUMBE	R				
	-1-196		3					004 N. W	ashingt	on St.			
	SIRTHPLACE (S				WHAT CO	UNTRY?		R'S NAME	Dames	~			
	altimo:				U.S) . A .		arence		2			
done	during most of w	orking life, ev	en if retired)	HO. KIND	OF BUSINES	OK HADOSIK							
1	hild WAS DECEAS	ED EVED IN	IIS ADME	FORCES	? 17. SOC	141	18. INFO	Brenda :	DET		ADDRESS		
(Yes,	no or unknown)	(If yes, give	wor or dotes	of service)	SEC	URITY NO.			Dol+	2000		shingt	on S
	No.					AUSE OF DEA		Brenda	Detr	2000	IV. Wa	APPROXIMATE IN	
TION	DISEASES (RISE TO THE UNDERLYIN	NTECEDENT OR CONDITION E ABOVE CANG NG CONDIT	ONS, IF ANY USE (A) STA ION LAST.	TING THE		(B) DUE TO, OR	AS A CON	SEQUENCE OF:					
CERTIFICATION	TO THE DEA	IFICANT CON ATH 8UT NOT CONDITION	GIVEN IN P	THE TERMI	NAL	•							
CER	20 A. DATE OF	OPERATION	N 208. COI	NOITION F	OR WHICH O	PERATION W	AS PERFO	RMED			21. AU1	OPSY? (Yes or	No)
1.5	2A. EXTERI	NAL CAUSE		2	22B. PLACE O	F INJURY (e.g.,	in or obout	22C. WHERE DINJURY OCCU	OID (If in Soltin	more City, give	exoct locotion	1 80	5
品	UTING CA	USE OF DEA			Str	eet		North A	ve. 140		Braadw		
	22D. TIME (Ooy) (Yeo) (Hour		Y OCCURRED	5	22F. HOW DIE	INJURY OC	CUR?			
	(APPROX.)	9	8 69	1:20	A. WHILE AT [] AT V	WHILE K					subject	
		ify that I h				tion XX Au		and that	. Wo on this basi	as stan s, deoth in	ding or	n sidewa	.1k
	result	red fram: N	latural cau	ses 🗌	Accident	Suici	de 📙	Homicide		mined mann	er 🗌		
	ACTUAL	/	DA	- 1	0			CHIEF MEDIC				DATE SIGN	IED
	SIGNATI	//	M	111	en	M.I).	SISTANT MEDIC					
	EXAMINI NAME (T		Ruggo	11 c	Fighor	MD	ASS	OCIATE MEDIC	CAL EXAMINE		0/0/60		
24A	BURIAL CREA		AB. DATE	TT 0.	Fisher 24C. NAME	of CEMETERY	ar CREMA	TORY	24D. LOCATIO		9/8/69 town, or coun	ty) (Stote	e)
	NOVAL (Special Buris	fy)	9-11-	69	Mt.	Calvar	v Cem			Co.,		Marylar	
25A	DATE REC'D		Jobers &		ME OF NEG	2	250	FUNERAL DIR	ECTOR		ADDRESS		
-													

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

100	00	0000	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
// GE	0 69	9039	CERTIFICA	TE OF DEATH	REG. NO.	69 9039
BIRTH NO.						
NAME OF DE					D HOUR OF DEATH	10
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EDWAF	RD HICK	S	Sept	ember 8, 19	969 4:25 P.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where		tion; residence before admission
				A. STATE B. COUNT	I T	10.01
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	MARYLAND		1901
HOSPITAL OR	ADDRESS OR LOCA	A IION)		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
				BALTIMORE	YF	S NO
				E. STREET AND NUMBER		
00	1615 W. Muli	berry S	treet			
				1615 W. Mul	berry Stre	et
SEX	6. RACE	7- MARRIED T	NEVER MARRIED		, AGE (In years II	Under 1 Yr., If Under 24 H
25. 2	37			3-17-1885	01	onths Ooys Hours Min,
Male	Negro	WIDOWED			84	
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	in country) 1	2, CITIZEN OF WHAT COUNT
	of working life, even if retired)	TO CO		G - 7 1 G	35	TT CL A
Retire	**	B&O R	ailroad	Calvert Co.,		U.S.A
FATHER'S NA	AME			14. MOTHER'S MAIDEN NAM	1E	
	A7 homb TTd c1-	CO.		Amand a TTS	olra	
	Albert Hick			Annie Hi	CKS	
. Was Decease	ed Ever in U. S. Armed For	rces?	6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or date	es or service!	SECURITY NO.	3/100 - 70	TT2 -1 7/7	T.T. Man 7 lanner
No.				Mrs. Bessie	HICKS TOT	W. Mulberry
1B. //	10,41		CAUSE OF DEATH	Н		APPROXIMATE INTERVA
Total	ASE OR CONDITION DI	DECTIV	140	E .		BETWEEN ONSET AND DE
DISEA	LEADING TO DEATH	KECILI	(0763	can Ordina	121	San 111
(This does	nat mean the made of	duina	(A) IMMEDIATE CAU	DE L C C C C C C C C C C C C C C C C C C	7 6 6	HOULY TO
heart lailure	e, asthenia, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
	mplication which caused		13	/		
	· ·		12.11	= 1/0/ / A	1.12110 -	Di Money
	ANTECEDENT CAUSES		(B) LALCUL	7 VU CUIAL A	ullace	a contract
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A SONSEQUENCE OF:		******
rise to t	he abave cause (A)			12: 6.6.		
UNDERLYIN	IG CONDITION last.		(c)	2111111	********	
	11					
Z	II	AITDIDUTE				
O OTHER SIGN	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T					
DISEASE OR	CONDITION GIVEN IN PAR					
19A. DATE C	OF OPERATION 198. CON	IDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE	DINGS CONSIDERED
0	WAS PER	FORMED		S 100 C 100 C 100 C 100 C	IN CERTIFYING CAUSE	S OF DEATH?
19A. DATE C	ENT WAS HAD BUYING	1010	NACE OF INTURY!-	n or shout 21 C Millens Dis	/45 1 . D lu	
	ENT WAS UNDERLYING TO BUTING TO CAUSE OF	home	torm, foctory, street, of	n or obout 21 C. WHERE DID	(It in Ballimore Ci	ty, give exact location)
	fy medical examiner)	etc.)	,,,,			
DEATH (noti	(14 31 /2)				IRY OCCUR?	
DEATH (noti	(Month) (Day) (Year)		INJURY OCCURRED	21 F. HOW DID INJU		
DEATH (noti	(Month) (Day) (Year)	White	At Not While			
DEATH (noti	(Month) (Day) (Year)		At Not While	•	40	
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DEATH (notice of INJURY (APPROX.) 22. I certife that (I) (we ond hour or 23A. SIGNAT 23C. PHYSICAL P	y that (I) (this hospitole) lost sow the decease and from the couses storicity. ANTS (Type) BEMATION, 24B. DATE (Specity) BY HEALTH DEPT.	While Work 1) ottended the ed alive on ted obove. (1) 24C. NAI 24G. NAI 258, NAME OF	Not While At Work deceased from A-S- (We) (did) (did not) v DEGREE DEGREE ME of CEMETERY or CRE REGISTRAR	19 09 ond the liew the body ofter death. Med. Director 23D. ADDRESS MATORY 24D. LC Metery B8 25C. FUNERAL DIRECTOR	Shoff Cation (City, 1)	B. DATE SIGNED G. O. G. Waryland ADDRESS
DEATH (notice of INJURY (APPROX.) 22. I certife that (I) (we ond hour or 23A. SIGNAT 23C. PHYSICI NAME 4A. BURIAL CR REMOVAL BURIAL CR	y that (I) (this hospitole) lost sow the decease and from the couses storicity. ANTS (Type) BEMATION, 24B. DATE (Specity) BY HEALTH DEPT.	Whill Work 1) ottended the ed alive on ted obove. (1) UL 24C, NAI 24C, NAI	Not While At Work deceased from A-S- (We) (did) (did not) v DEGREE DEGREE ME of CEMETERY or CRE REGISTRAR	19 09 ond the liew the body ofter death. Med. Director 23D. ADDRESS MATORY 24D. LC Metery B8 25C. FUNERAL DIRECTOR	Shoff Cation (City, 1)	9/10/69 t- Batty Md2 own, or county) (Store) Maryland
DEATH (notice of INJURY (APPROX.) 22. I certife that (I) (we ond hour or 23A. SIGNAT 23C. PHYSICI PHYSICI NAME 4A. BURIAL CR REMOVAL BURIAL CR REMOVAL	y that (I) (this hospito) a) lost sow the decease and from the couses storium (TRE AN'S (Type) AN'S (Type	While Work 1) ottended the ed alive on ted obove. (1) 24C. NAI 24G. NAI 258, NAME OF	Not While At Work deceased from A-S- (We) (did) (did not) v DEGREE DEGREE ME of CEMETERY or CRE REGISTRAR	19 09 ond the liew the body ofter death. Med. Director 23D. ADDRESS MATORY 24D. LC Metery B8 25C. FUNERAL DIRECTOR	Shoff Cation (City, 1)	B. DATE SIGNED G. O. G. G. Butty M. O. Own, or county) (Stote Maryland ADDRESS



IMPORTANT

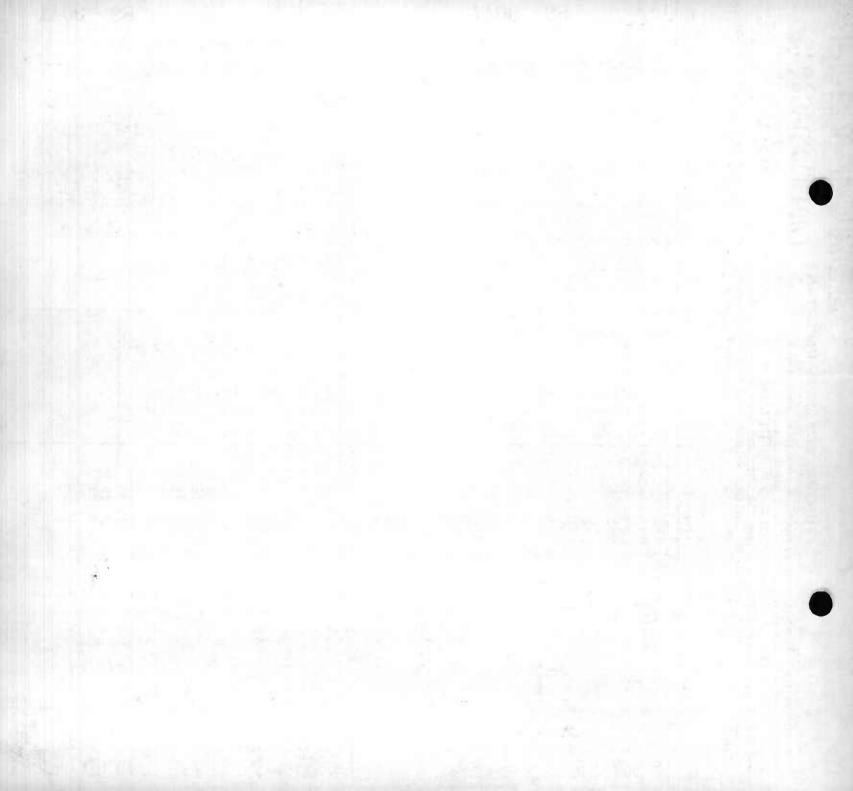
DIRECTOR:

FUNERAL

150-REV. 1/1/68

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IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

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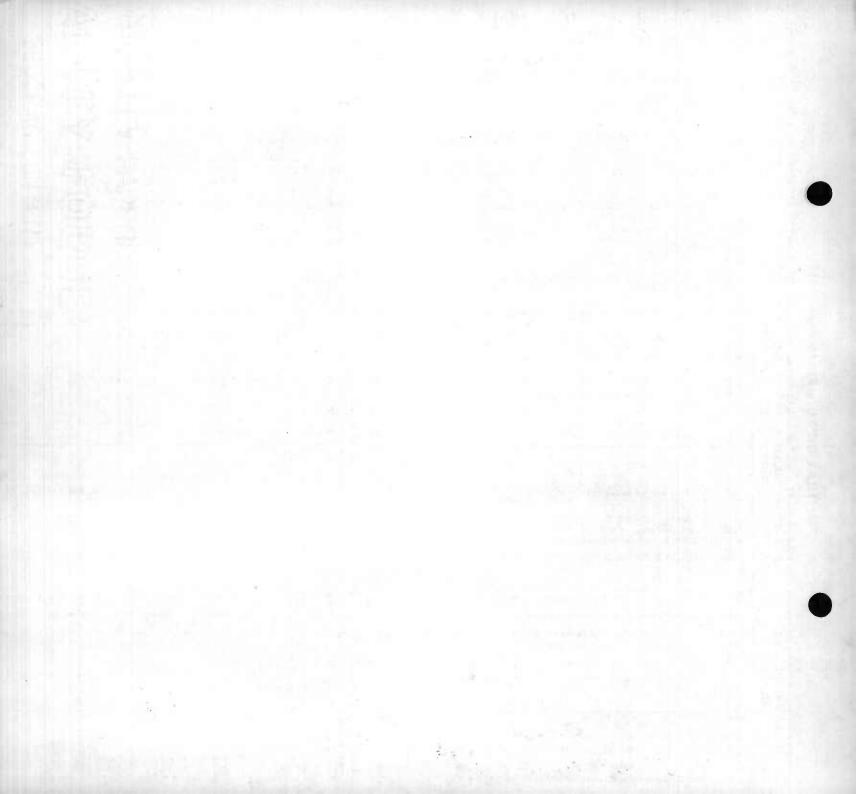
If Under 24 Hrs.

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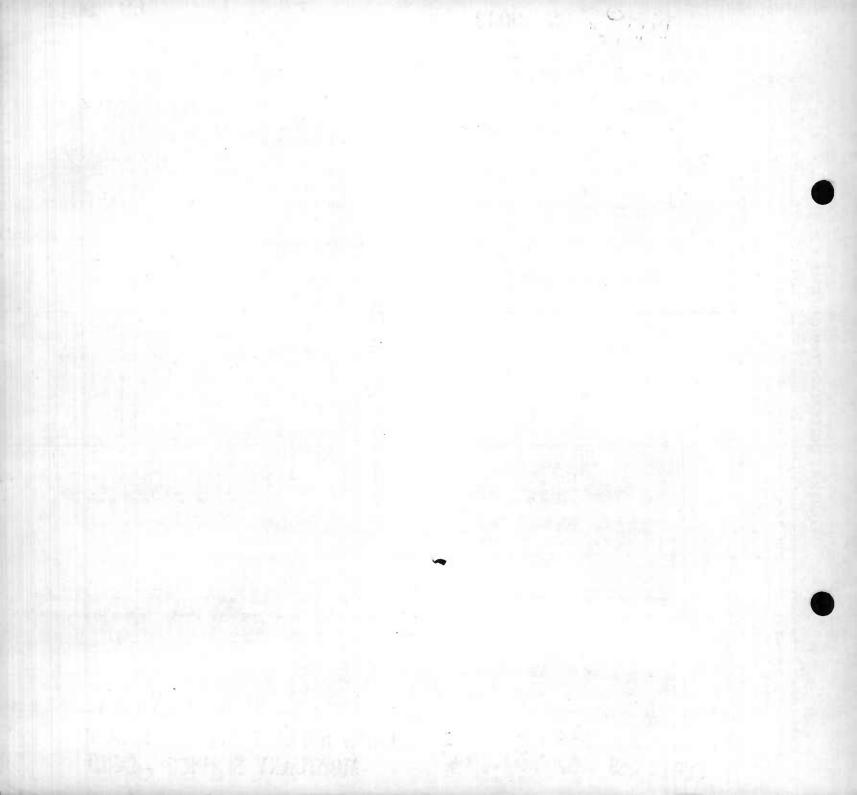
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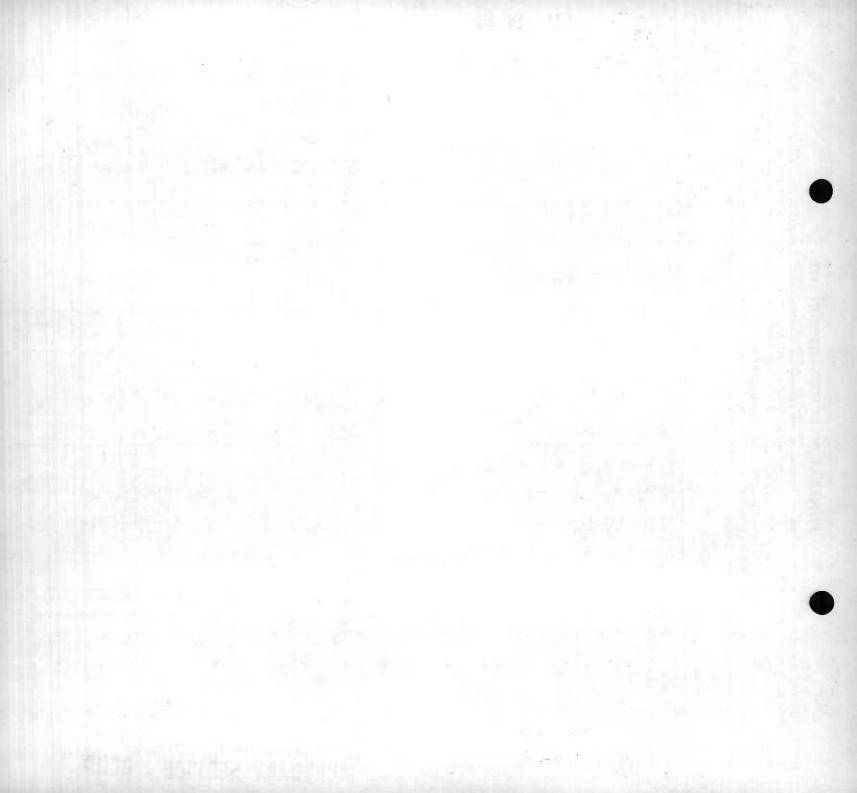
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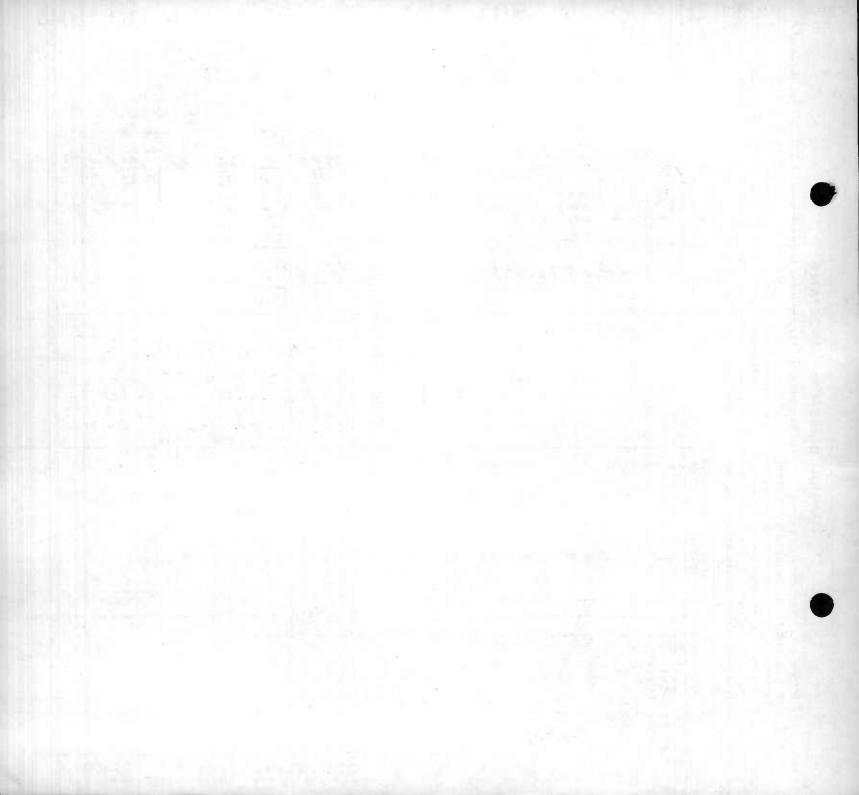
-	50 00	BALTIMORE CITY	HEALTH DEPARTMENT		69 9043
BIRTH NO. 19-1	4274 69	9043 CERTIFICA	TE OF DEATH	REG. NO	0400
NAME OF DEC		TANNONE		D HOUR OF DEATH	AM
3. PLACE IN BAL	TIMORE, MARYLAND, WHER			e deceased lived. If insti	itution: residence belore admission)
FULL NAME OF HOSPITAL OR		OR INSTITUTION, GIVE STREET		4LTIMORZ	E CITY LIMITS?
SINAI	HOSPITAL OF I	BALTIMORE	BAZTIN	WRE .	YES NO .
42			E. STREET AND NUMBER	Benning	House Rd
S. SEX	101	MARRIED NEVER MARRIED I	8-10-69	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of work 108, working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NA	ME O		14. MOTHER'S MAIDEN NAM	ΛΕ	1 Waste
	/ (14/	VITA IA	NNONE
5. Was Deceosed Yes, no or unknown	Ever in U. S. Armed Forces? (If yes, give var or dotes of	shrice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. //	- 1 Y	CAUSE OF DEATH	H		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIRECT	rLY		.,	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Premativi	tis	Ildays.
	not mean the mode of dyi osthenio, etc. It means the	ng, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	J	
	nplication which caused dea	ilh.)	4		
	ANTECEDENT CAUSES	(6)	RLL preumo A CONSEQUENCE OF:	nea	
DISEASES	OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
	e above couse (A) sla	ling the	n respirator		
UNDERLTIN	G CONDITION lost.	(C)			
E TO THE DEA		RMINAL			
19A. DATE O	F OPERATION 198, CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME	(Month) (Day) (Year) (H	our) 21E. INJURY 2 CCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		While At rin Not While	e 🗇 📗		
		Work L At Work		16	21 /2
22. 1 certify	that (1) (this hospital) at	tended the deceosed from		19 69 ta 8	- 2/ 1960
that (I) (we) last saw the deceased o	live an 8-21-4	1969 and the	at in (my) (our) opini	on death occurred on the dot
and hour on	d fram the causes stated	abave. (1) (We) (did) (444 1101) v	view the body ofter death.		
23A. SIGNATI	ys 2			3	23 B. DATE SIGNED
4	durad n to	are a later Dh.	ending Med. S. Director	Staff Phys.	
23C. PHYSICIA		DEGREE	22D ADDRESS		C BALTIMORE
24A. BURIAL CRE	MATION, 248, DATE	24C. NAME of CEMETERY OF CE	ATOMY ROAD!	DOE MARY	fovin, or county) (State)
REMOVAL		INI	INS HODKINS	MEDICAL	SCHOOL.
25A. DATE REC'E	BY HEALTH DEPT. 268	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	THE PARTY OF THE P	ADDRESS
CED12	1969 (48:4 6, 4	Author Phillips	MORTUARY	SERVICE .	. BCHD
VS 150-REV. 1/1/	/6B		1000	The same of the sa	



	· _			BALTIMORE CITY	HEALTH DEPARTMENT		60 0011
1	0-5%	5 11059	9044	CERTIFICA	TE OF DEATH	REG. NO	00 0044
	H NO.	1-12412				D HOUR OF DEATH	
	e ar Print)		5V (simmons		- 5-69	2/3
3. P	LACE IN BALT	IMORE MARYLAND, W	-	• • • • • • • • • • • • • • • • • • • •	4. USUAL RESIDENCE (When	e deceased lived. If ins	101.
					A. STATE B. COUN		00110
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA		TION, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
17	2		1 1	0) -	BALTIMORE		YES NO NO
	Sinal	Hospital	0+ 120	lto, Inc.	E. STREET AND NUMBER	nner K	ed #21216
5. \$1	EX	6. RACE	7. MARRIED	NEVER MARRIED	Constitution of the Consti	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
	M	//	WIDOWED	DIVORCED	8-25-69	- Continually	— //
			108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn country)	12. CITIZEN OF WHAT COUNTRY?
dane	INFA	varking life, even if retired)	j j	NONE	MARY	LAND	USA
13. F	ATHER'S NAM	AE		,	14. MOTHER'S MAIDEN NAM	AE	
	GRE	60RY 8	Immo.	NS	CARMEN		
15. V	Vas Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(100	No	Will yes, give war ar adie	s di service	NONE	CHART		
	18.	CXI		CAUSE OF DEATH	4		APPROXIMATE INTERVAL
		E OR CONDITION DI	RECTLY				-
		LEADING TO DEATH	Lut.	(A) IMMEDIATE CAU	SE HASSIVE PILE A CONSEQUENCE OF:	umonia	Since BIRTH
	heorl foilure,	ot meon the mode of oslhenio, elc. II meons	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
		plication which coused			, , ,	, ,	
	-	ANTECEDENT CAUSES		(B) Prem	aturity 132	weeks or	talur)
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	- 1	
		obove couse (A) CONDITION last.	sloting the	(C) MARKE	D Atelectasis	o Right Lu	tation) NG 6 days.
		- 11	-	(-/			
		CANT CONDITIONS CO					
E		H BUT NOT RELATED TO T ONDITION GIVEN IN PAR					
		OPERATION 198. CON	IDITION FOR V	HICH OPERATION	20 A. AUTOPSY? (Yes ar Na	208. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	0 1	IONE "	TORNIED			III CERIII IIII CAE	JES OF DEATH.
AL C	OR CONTRIBU	TING CAUSE OF		PLACE OF INJURY (e.g., i e, farm, factory, street, at	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact location)
	21 D. TIME	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
×	(APPROX.)			e At Not Whil			
			Wor				
	22. I certify	that (1) (this haspita) attended th	e deceased from	Aug 25	19 69 to defe	19 69.
	that (I) (we)	last saw the decease	ed alive an	J'epi	7 and th	at in(my) (aur) aplr	nlan death accurred an the date
	and haur and	fram the causes sta	ted abave. (I)	(We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATU		7 4 4	. 17			23B. DATE SIGNED
	N.	INA Cole	RAWL	INGS MD Atte	nding Med. Director	Staff Phys.	9-5-69
	23C. PHÝSICIA NAME (T	N'S		1	23D. ADDRESS		
	1010	ra C. Lan	Minie,	c und		00 30 010	LAND
24A	BURIAL CRE	MATION, 248. DATE	249. NA	ME of CEMETER & CRE	MANNY ROAMON	O LION A A CE	(State)
	REMOVAL (S	G-11-1	69	WILL		AEDICIT (CHOOL
25.4	DATE SECO	BY HEALTH DEPT.	258 -44 44 5 0	E DECISION TOH	VS HODKINS	MEDICAL	ADDRESS
ZJA	PA4 04	28.00 000	258 NAME O	ALD TAKE	THE OF THE PROPERTY AND	CEDIUCE	RCHD
15	ISO-REV. 1/1/6	المالية المالية		-331	MURIUAKY	SERVICE	- DOTTO



ı	5 5 69 904	5 BALTIMORE CITY	HEALTH DEPARTMENT	CO 0045 1
	BIRTH NO. 69-11404	CERTIFICA	TE OF DEATH	REG. No. 59 5043 7
	1. NAME OF DECEASED POPULATION PO	eu. Rah	4 Boy 2. DATE AND HOU	R OF DEATH
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM	HOUNDED DEAD	1001	sed lived. Il institution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET		15/0
	INSTITUTION Sinai He	ospital	BALTO.	D. INSIDE CITY LIMITS? YES NO
	12 Of Raltin	none	E. STREET AND NUMBER	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
	N Veg WIDOW	DIVORCED	6/2//2/	2
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even it officed)	OF BUSINESS OK INDUSIKE	M. d.	12, CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	VEZOWIC A	ADDRESS
	(Yes, no or unknown) (III yes, give wor or dotes of service	SECURITY NO.	W. HATOKWANI	7001633
-	18. 766, 91	CAUSE OF DEAT	H .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Meconiu	nu Assiration
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. 11 means the disea			20
	injury or complication which caused death.)	10 1	Signal st	Duntaria
	DISEASES OR CONDITIONS, if ony, givi	DUE TO, OR AS	A CONSEQUENCÍ OF:	2 9 90 200
	rise to the above cause (A) stating to UNDERLYING CONDITION last.		and sta	ge of lator
	z II	D'1	4 D	-18
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA VIOLENTE OF CONDITION GIVEN IN PART 1 (A).		al theun	overor
1	198. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (es or No) 208. IN C	FYES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i nome, lorm, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If In Baltimore City, give exact location)
	S OF INJURY	While At Not While	21F. HOW DID INJURY O	CUR?
	(APPROX.)	Work At Work	477	7 6/2 7 69
	22. I certify that (I) (this bospital) attended that (I) (we) last saw the deceased alive a	10/2 -	19 6 9 and that in (n	ny) (cor) opinion death accurred an the date
	and haur and fram the cayses stated above	(1) (did) (did nor)	new the bady after death.	/)
	25A-SIGNATURE	hama mike	hding Med. Staff	23B. DATE SIGNED
	23 PHYSICIAN'S	DEGREE RUNG	s. Director Phys. 23D. ADDRESS	
	Moseph H. K	Chman, Me	D. Sino	LI HOSP.
	24A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specily) 9-1/-69	NAME OF CEMETERY OF CRI	MONY BOARD-CAIC	(Stote)
	SEP 12 1963 Color C. Sell	E OF REGISTRAR	S25 TONERAL PRECTOR ED	ICAL SCHOOLADDRESS RVICE - RCHD
E	VS 150-REV. 1/1/6B			THE LAND STREET



		Ali	ce				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown)((If yes, give wor ar dotes of service)	17. SOCIAL SECURITY NO.	18. INFOR	TAAN			ADDRESS	
No	SECORITI NO.	Mrs.	Hazel	Smith	2108	Braddis	h Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease,	CAUSE OF DEA	lerotic	cardio			APPR BETWEE	OXIMATÉ INTERVAL :N ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)(DUE TO, OF	R AS A CONSE	QUENCE OF:				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR N	WHICH OPERATION V	VAS PERFORN	ED			21. AUTOP:	SY? (Yes ar Na)
UNDERLYING OR CONTRIBUTION OF INITIAL PY 220. TIME (Manth) (Doy) (Year) (Hour) 22 OF INITIAL PY		ice bldg., etc.) I	2C. WHERE D NJURY OCCU 2F. HOW DID	R?			
23. I certify that I held on Inquiry	Inspection A A	utopsy Dide Ho	ond that a omicide CHIEF MEDICA STANT MEDICA OCIATE MEDICA	AL EXAMINER AL EXAMINER	ined mann	er 🗌	DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	. NAME of CEMETERY	or CREMATO	DRY 2	4D. LOCATION	(City,	town, or caunty)	(State)

Arbutus Mem Park

25B. NAME OF REGISTRAR

Balto., Md.

ADDRESS

928 E. North Ave.

25C. FUNERAL DIRECTOR

Wm C March

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9/15/69

Burial

VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

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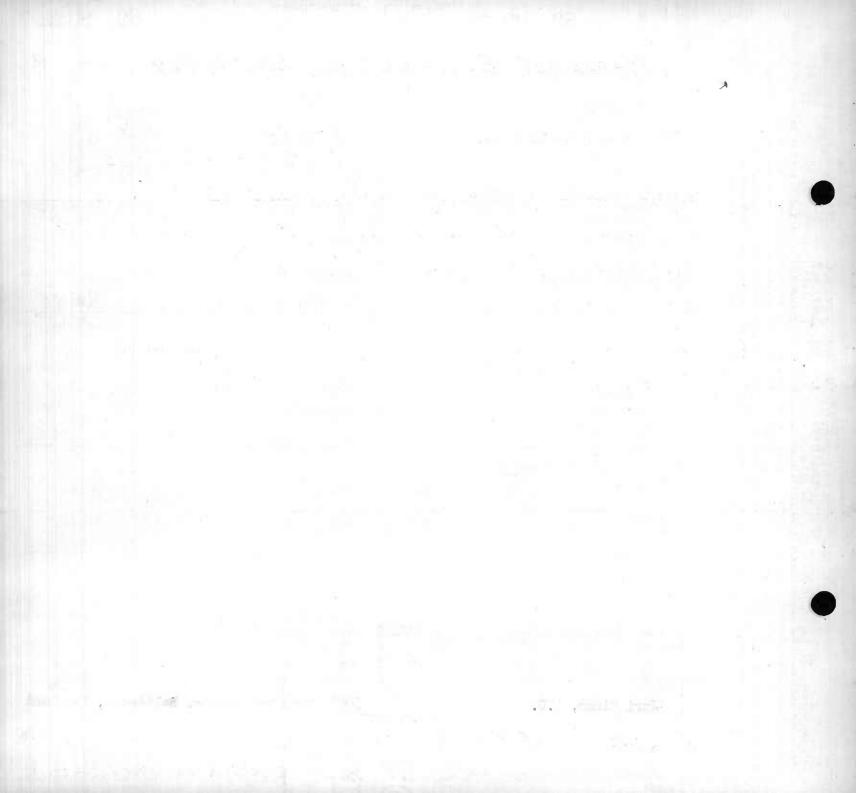
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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



1/11 00	BALTIMORE CITY	HEALTH DEPARTMENT	
5 - 4/6 69 BIRTH NO.	9048 CERTIFICA	TE OF DEATH REG. NO.	69 9048
NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
Type or Print) SAMUEL	SILVERMA	N Seat 9 19	69 7 A
3. PLACE IN BALTIMORE MARYLAND, WHERE		4. USUAL RESIDENCE (Where deceased lived	. If institution: residence before admission
		A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND	2.755
HOSPITAL OR ADDRESS OR LOCATION)			INSIDE CITY LIMITS?
		BALTO	YES NO
		E. STREET AND NUMBER	
2102 WESTERN	Rual Daine		0 1 00 =
	KUN DRIVE	2102 Western	RUN DRIVE
6. RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
M III WID	OWED DIVORCED	15 APRIL 1887 52	7710
OA. USUAL OCCUPATION (Give kind of work 10 B. K	Canal		12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)	01 000111233 01 111 0 0 31 11	The District Excel (Since of Toleigh Cooliny)	TE CHIEF OF WHAT COOK
TAILOR		LITH	Usa
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1			
JACOB		SARAH	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of s		- A	
110	220-30-41091	1 m. stron I Sch	rerman Jan
1B. // /	CAUSE OF DEAT	H	APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTL	Y 0=	4.	BETWEEN ONSET AND DE
LEADING TO DEATH	100	ite my ocardia	5 mins of
(This does not mean the mode of dying	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	101-
heart failure, asthenio, etc. It meons the d	lisease,	A CONSEQUENCE OF:	
injury or complication which coused death	1.)		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if any,	(B)	A CONSEQUENCE OF:	
rise to the obove couse (A) stating	33		
UNDERLYING CONDITION lost.	(c)		
11			
OTHER SIGNIFICANT CONDITIONS CONTRIB	IITING		
TO THE DEATH BUT NOT RELATED TO THE TER	MINAL		
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WAS PERFORME		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, V	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
WAS PERFORME		NO	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	in or obout 21 C. WHERE DID (If in Bo	Itimore City, give exoct location)
DEATH (notify medical examiner)	etc.)	mos siegų introkti occok:	
21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJURY OCCUR?	
(APPROX.)	White At Work At Work		
			Catro
22. I certify that (1) (this hospital) atte	ended the deceosed from	Je /69 19 69 to	SOP / 9 19 6
that (1) (1) to saw the deceased ali	ve on Jule	19 69 and that in (my) tour	opinion death occurred an the d
			, TE DOT GOOD OF THE U
and hour and from the couses stated of	opve. (I) (did) (did(not)	view the body ofter deoth.	
23A. SIGNATURE	1		23 B. DATE SIGNED
Aun 11		ending Staff	9/10/60
1 man 1		s. Director Phys.	
	July GEGREE Phy		
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	11-1-1n
NAME (Type)	DEGREE		Heralts Aus
Seymour H	- Rubin Warger	54 W- Par K	Heights Aus
NAME (Type) Slywouv H	DEGREE	54 W- Par K	Kenghts Aus (City, town, or county) (Stote
NAME (Type) PUND UV 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	- Rubin Warger	54 W- Par K	Kenghas Aus (City, town, or county) (Stote)
NAME (Type) Sey would be seen at your property of the seed of the	- Rubin WDEGREE 24C. NAME OF CEMETERY OF CR	23D. ADDRESS 540-Par K EMATORY 24D. LOCATION Grele Botto	m
NAME (Type) PLAN. BURIAL CREMATION, REMOVAL (Specify) SUT 10,196 STATE REC'D BY HEALTH DEPT. 258. 1	24C. NAME OF CEMETERY OF CR	54 W- Par K	(City, town, or county) ADDRESS ADDRESS
NAME (Type) PLAN BURIAL CREMATION, 24B. DATE REMOVAL (Specify) SUT 10,196 25A. DATE REC'D BY HEALTH DEPT. 25B. 1	- Rubin WDEGREE 24C. NAME OF CEMETERY OF CR	23D. ADDRESS 540-Par K EMATORY 24D. LOCATION Grele Botto	m

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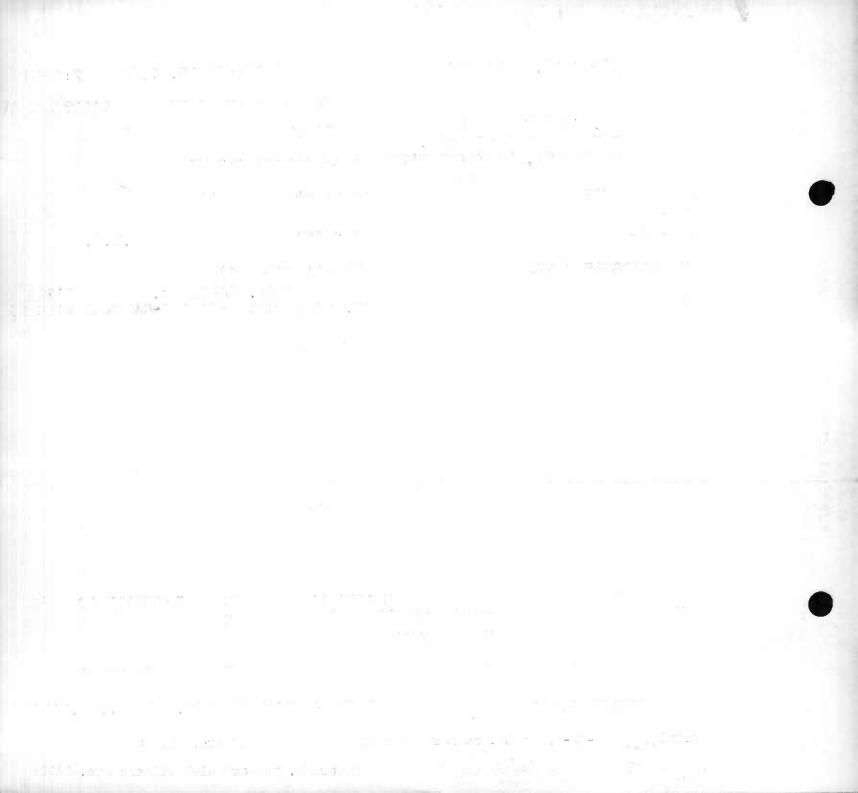
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BIRTH NO.			BALTIMORE	CATE	TE DEATH	REG, NO.	- NU	711 1 11 1
I. NAME OF DEC	EASED		CERTIFI	CATE	OF DEATH		00	2,000.
(Type or Print)		DOC	0 1/01/			AND HOUR OF DEAT	н .	
3. PLACE IN BALT	LAND GRAF	HERE PRON	OUNCED DEAD	II4. USI	JAL RESIDENCE IV	TEMBER 10	1969	2:30AM
				A. SIA	B. CO	UNIY		n po
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INST	TIUTION, GIVE STREET		RYLAND	BALTO CITY	170	1229 25
NSIITUTION	ST.AGNES				LTIMORE	D. IN	ISIDE CITY LIMITS	
40	CATONEV	WILKE	NS AVES.		EET AND NUMBER		YES 📝	ио 🗌
,	BALTIMORE	E, MAI	RYLAND 212	29 37	08 BENSO	N AVENUE		
SEX	6. RACE	7- MARRIE	D NEVER MARRIED		OF BIRTH	9. AGE (In years	If Under 1 Y Months; Doy	r. , If Under 24 Hi
FEMALE	WHITE	WIDOWE	DIVORCED	12	29 24	lost birthdoyl	Months: Doy	s Hours Min.
OA, USUAL OCCU	PATION (Give kind of work	108, KIND	OF BUSINESS OR INDI	STRY 11. BIR	HPLACE (Stole or	oreign country)	12. CITIZEN	OF WHAT COUNT
Housewif				MAD	YLAND			
3. FATHER'S NAM		1		14. MC	TLAND THER'S MAIDEN N	IAME	U.S.	Α
JOHN XXX	NXXXXXX GALL	ION		\/ 1	OLIA(STE	VENC)		
	Ever in U. S. Armed Fore		16. SOCIAL		2014 4419		D ADI	DRESS 01000
NO	ut yes, give wor or dole	s of service	SECURITY NO.		AVE	S. BALTO M	U.	21229
18,	5 7		CAUSE OF E		AGNES H	OSP RECORD		& WILKE
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	EADING TO DEATH	CCILI		/	Uluma	ing Edler	10	
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injury or comp	dicolion which coused	the diseos						
	MICORDII WILLELL COUSED	deoth.)	Ψ,					
A	NTECEDENT CAUSES	deoth.)						
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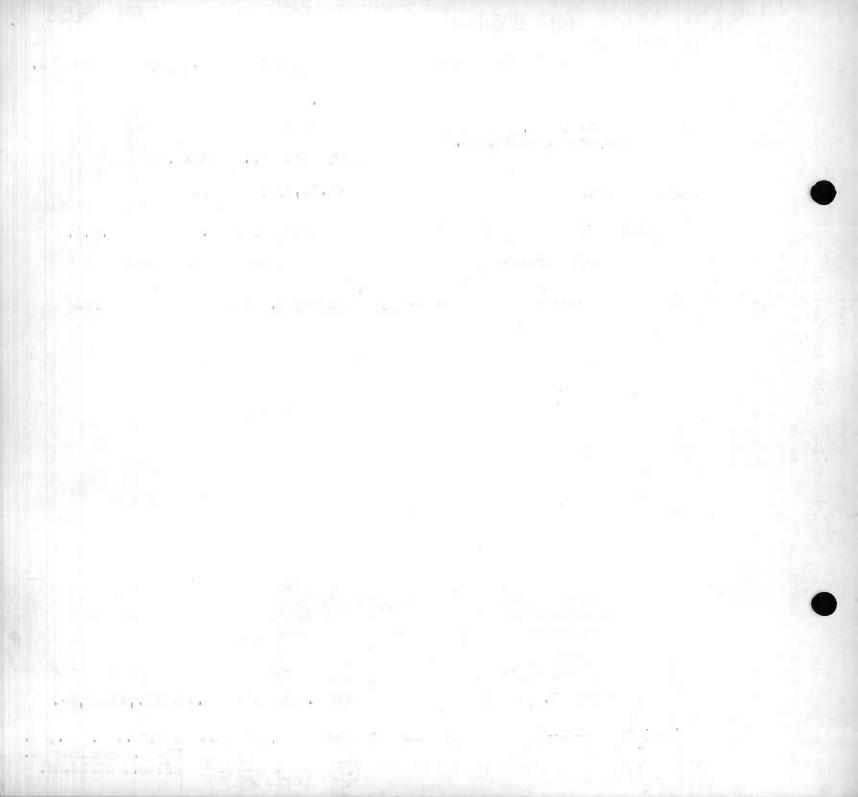
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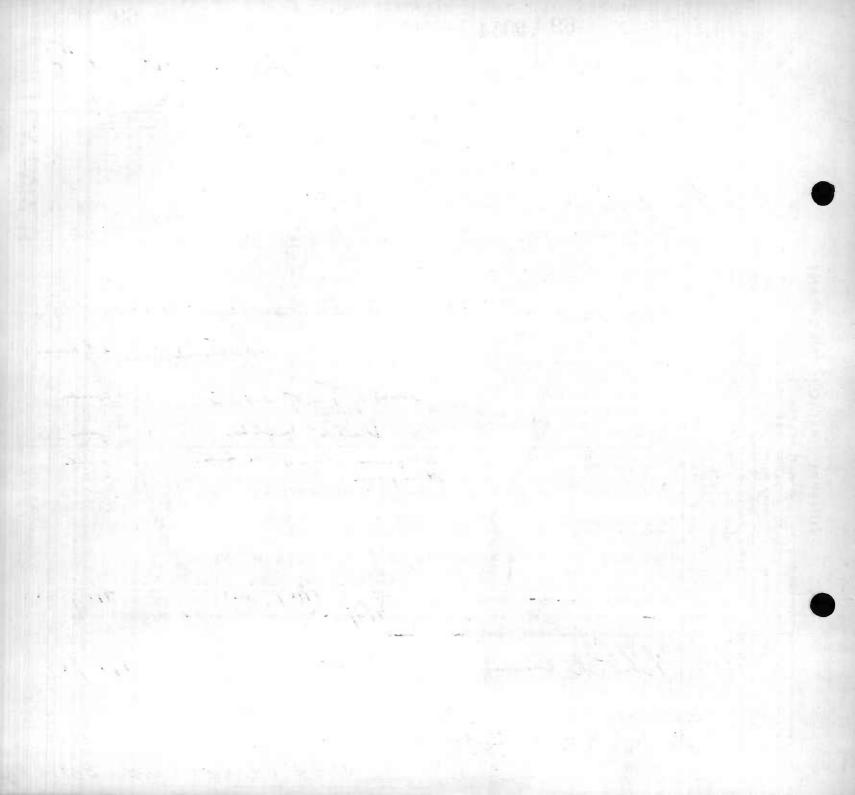
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06	2	2002	CERTIFICA	TE OF DEATH	REG. NO	69 9052
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Type or Print)				01.		2.2
	ROBERT	G. CON	TOS.	7(1	0 1969	13.30 am
. PLACE IN BA	TIMORE, MARYLAND, V			4. USUAL RESIDENCE (Where	deceased lived. If in:	stitution: residence before admission
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTI	ON, GIVE STREET	Md.		2.713
HOSPITAL OR				C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
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48				E. STREET AND NUMBER		
/				820 BGU	EMORE F	GAO
SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male	Cacasi.	WIDOWED		9 122 1904	ost birthdoy)	Months Days Hours Min.
A. USUAL OCC	UPATION (Give kind of wor			11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTR
during most of	working life, even if retired)					
Exe. M	anager	Ambass	ador CAfee Co.	GREECE.		0.5.
FATHER'S NA				14. MOTHER'S MAIDEN NAM	E	
C	GORGE GO	NTOS.		KXKXXXXXX	XXXXXXXXX	x Angela
				XXXXXXXXXXX	XXXXXXXX	Moraitis
. Was Decease	Ever in U. S. Armed Fo	rces?	SECURITY 196700	17. INFORMANT		Abores 9
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no			219-05-XXX	Evelyn Conto	s same	
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DISEA	SE OR CONDITION DI	DECTIV	colon	my to me	1.0 Tu	AACH BEIWEEN ONSEI AND DEA
Discr	LEADING TO DEATH	KEC ILI		4000	Jecot A	3 - 60
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	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	12000	21.22.6
	e above cause (A)	slaling lhe	ANIO	cus cue pastic	1 achie	D9 (43)
UNDERLYIN	G CONDITION lost.		(c)			
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OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING				
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DISEASE OR	ONDITION GIVEN IN PAI	RT 1 (A).		100 4	000 10 45	
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2/	WAS FER			4.8	January CA	98
21A. ACCIDI	NT WAS UNDERLYING		ACE OF INJURY (e.g., it	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct locotion)
OR CONTRIB	UTING CAUSE OF	home,	form, foctory, street, of	fice bldg., INJURY OCCUR?	,	.,
DEATH (notif	medical examiner)	etc.)		- 31		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E IN	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY		While	At Not While			
(APPROX.)		Work	Al Work			
22 1	.1 . /12 / .1	1) - 1 - 1 - 1 - 1	1 11			10
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that (I) (we) lost saw the decease	ed alive on	***	19ond tha	t in (my) (aur) opis	nion deoth occurred on the do
			W-\ / 41 I\ / 11 I			
		red obave. (1) (πe) (did) (did not) v	iew the body ofter deoth.		
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SA. DATE REC'I	7/1/	07 11000	dlawn Cemet	Dai		
JA. DAIL RECT	BY HEALTH DEPT.	26B. HAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SFP121	BY HEALTH DEPT.	ASB. NIAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		
SEP 121	969 Paber E	26B. HAME OF	REGISTRAR	25C. FUNERAL DIRECTOR Leonard J. F		

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VS 150-REV. 1/1/68

ype of Print) PLACE IN BA	BET		FINK UNCED DEAD	Septe	mber 8, 19		
TULL NAME OF	A STATE OF THE STA		UTION, GIVE STREET	Md.		ISIDE CHYLIMITS?	
	3807 Fait			Baltimore		YES 🔼 NO 🗌	
00	Baltimore	, 21224,	Md.	3807 Fait Ave. # 21294.			
Female	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.	
A. USUAL OCC one during most o	CUPATION (Give kind of wasting life, even if refire use Work	vork 108. KIND OF		Baltimore	, Md.	12. CITIZEN OF WHAT COUNT	
3. FATHER'S NA	Alfred Zu	perrer		14. MOTHER'S MAIDEN NAME Louisa Cuntensperger			
	d Ever in U. S, Armed		1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS	
No		-	216-16-6039	Harvey V. F.	ink	Same	
(This daes heart foilure injury or ca	ASE OR CONDITION LEADING TO DEAT nal meon the made , osthenia, etc. It med mplication which caus ANTECEDENT CAUS OR CONDITIONS, in he above cause (A	of dying, e.g., ans the disease, sed death.) SES	(B)	A CONSEQUENCE OF:	of Colo	- 18 mm	
(This daes heart foilure injury or ca DISEASES rise to If UN DERLYIN TO THE DEA DISEASE OR	nal meon the made, ostheria, etc. It meomplication which cause ANTECEDENT CAUSON CONDITIONS, in above cause (ACCONDITIONS) in the conditions of the conditions of the conditions of the condition	af dying, e.g., ans the disease, sed death.) SES if ony, giving A) stoling the CONTRIBUTING OTHE TERMINAL PART I (A).	(B) DUE TO, OR AS A DUE TO, OR AS	A CONSEQUENCE OF:	of Colo	E FINDINGS CONSIDERED	
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VS 1S1-REV. 1/1/6B

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IMPORTANT

DIRECTOR:

FUNERAL

21225 D. INSIDE CITY LIMITS? YES M NO If Under 1 Yr. Months! Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exect location) ond that in (my) (our) opinion death occurred an the date 23B DATE SIGNED (City, town, or county) (Stole) ADDRESS

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a hospital and

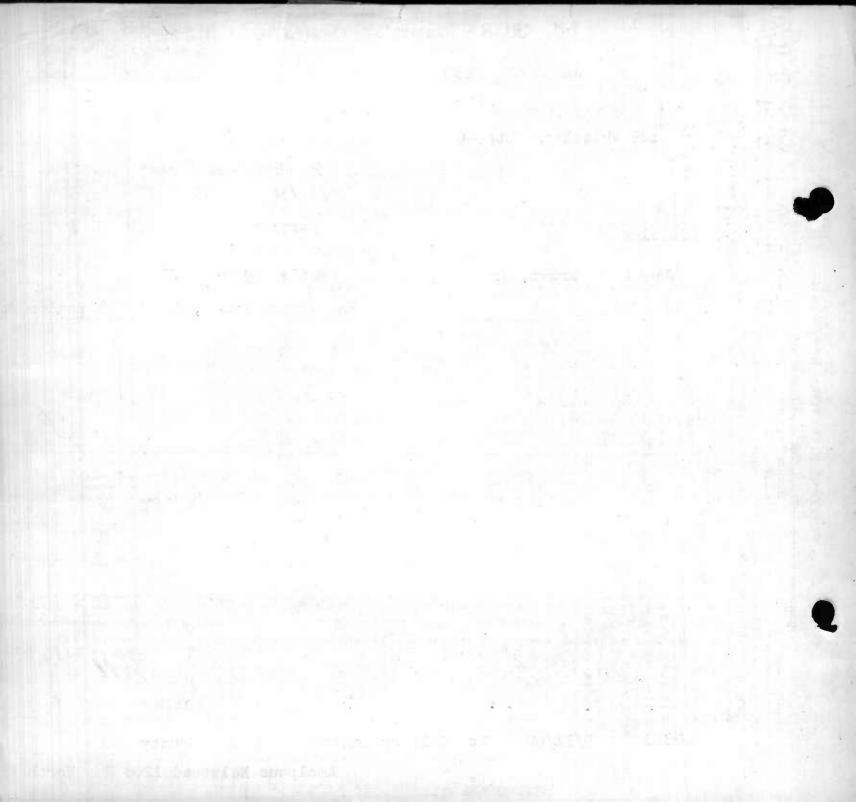
	DECEASED	-		2. DATE AN	D HOUR OF DEATH	
ype or Print	Geerge F	Richard	Bennett	Sept	. 8, 1969	
PLACE OF	DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admissi
FULL NAM	OR oddress or tocotic		, give street	Marylan	đ	RURAL ond give township)
INSTITUTIO	3715 7th	h Street		Baltime		
00	Baltimere			D. STREET ADDRESS (If	rurol, give location)	
7	Dai omiere	,		3715 7	th Street	21 225
SEX	6. RACE	WIDQWI	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH Dec. 6, 1880	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	ost of working life, even if retired) Fereman	B & (O R. R. Co.	Harferd Co.,	Md.	U. S. A.
3. FATHER'S				14. MOTHER'S MAIDEN NAM		
	II. lan age		Pannatt.			
Was De-	Unknown ased Ever in U. S. Armed Fo		Bennett	Unknown 17. INFORMANT		ADDRESS
es, no or unk	nown) (If yes, give wor or dot	les of service)	SECURITY NO.			
No			705-12-3702	Mrs. Martha Be	nnett 3715	7th St. 21225
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BALTIMORE CITY HEALTH DEPARTMENT



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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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N - 200 69 9059		Y HEALTH DEPARTMENT	DEC. NO.	69 9059
BIRTH NO.	CERTIFICA	ATE OF DEATH	REG. NO	2000
1. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
THUR WASH		Sept	EMBER 10	tt 64 7 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TON OUT TO		CIT .	1501
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI	HON, GIVE STREET	C. CITY OR TOWN		1501
		BALTIMORE	D. INSI	IDE CITY LIMITS?
,UNION MEMORIAL It	DIDITAL	E. STREET AND NUMBER	·	YES NO
44	OFFITAL		- 13-	- / -
5. SEX 6. RACE 7. 44 6 PRIST	/		ST. 137	14
MALE NECED MARRIED	NEVER MARRIED		9. AGE (In years last birthday)	If Under 1 Yr. Il Under 24 H
THEOTIED		104-31-10	1	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	gn countryl	12. CITIZEN OF WHAT COUNT
	CONSTR. CO.	MARYLAND		U.S.A.
3. FATHER'S NAME	10113112.00	14. MOTHER'S MAIDEN NA	V	U. 3.H.
JOHN WILLIAM NASH			VIE.	
		ANNA		
5. Was Deceased Ever in U. S. Armed Forces? Yes,na ar unknown) (If yes, give war ar dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		QUELE NIAL	1. 150.1	
18.	CAUSE OF DEAT	SUSIE NASI	1314	CHCHOUN ST.
7 3 7 2	CAUSE OF DEAT			SETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		USE Intra-cerebral	1 (-(-
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CA	USE INVENTED NOT	- noemory	haja
hearl failure, asthenia, etc. It means the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar complication which caused death.)		1 0 1-		
ANTECEDENT CAUSES	(n)	hypertensio	n	1
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	4.4			
CONDITION IGST	(C)			
Z				001
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				SIX Jone M
A IDISEASE OR CONDITION GIVEN IN PART I (A).	***************************************			
19A-DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	IICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE F	INDINGS CONSIDERED
A COLDENS		YES	CAUPING CAU	AL DEAIN!
	form, foctory, street	ffice bldg., INJURY OCCUR?	(If In Baltimare	City, give exoct lacation)
DEATH Inatify medical examined etc.)		Significant occur.		
21D-TIME (Month) (Doyl (Year) (Hour) 21E, II	NJURY OCCURRED	21F. HOW DID INJU	IRY OCCUPY	
OF INJURY (APPROX.) While	At Not While	e []	- N. VOCURI	
22. I certify that (1) (this hospital) attended the	deceased from	eptember 10th 1	9 69 to SEN	lember 10th 10 kg
that (I) (we) last saw the deceased alive an	eptember 10Th		/	
	/		" in (my) (aur) apin	lan death accurred an the dat
and haur and fram the causes stated above. (1)	"ue) (ara) (ara not) A	riew the bady after death.		
110 W	M.D. Atte	anding the distance of		23 B. DATE SIGNED
1. Calicial.	DEGREE Phy	ending Med.	Staff Phys.	9/10/67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
JUAN CABRERA	H.D.	UNION MEM	ORIAL HOS	PITAL
A. BURIAL CREMATION, 24B, DATE 24C NAM	DEGREE OF CEMETERY OF CRE			
REMOVAL (Specily)		7 10 1	CATION (City	, town, or county) (State)
	CTO. NAT	'L. CEM.	BALTO	Ordi
54 DATE REC'D BY HEALTH DEPT. 25B, NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	U.R. BAIL	ADDRESS
SELT & 1003 AND ET ANDERS	62	KELSON F. 19		Pa
'S 150-REV. 1/1/68		7500110	1248	CALHOUN ST

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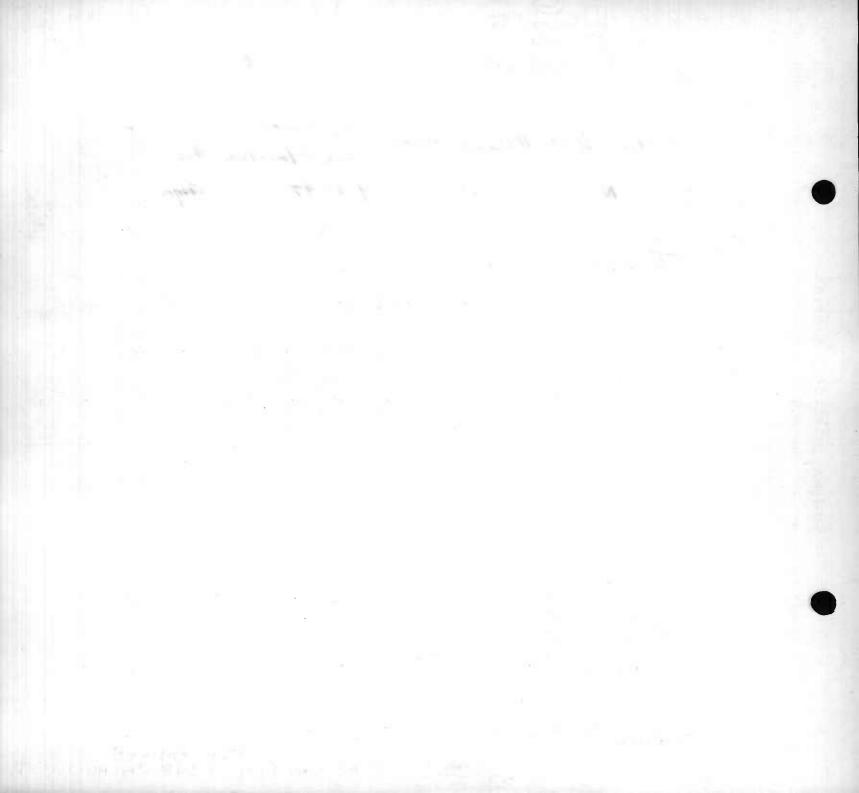
W-4	52	69	906			TH DEPARTMENT		EG. NO	69	9060
1. NAME OF DE		~ T	. 4			2. DATE	AND HOUR	OF DEATH	-	
3. PLACE IN RA	Villiam	5 0 056	eph A.			9-7	-69		14:	40 A.
3. PLACE IN BA					1		Where decease	ed lived. Il ins	stitution; reside	nce belore admissia
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT ADDRE	IN HOSPIT	AL OR INSTITUTION	TUTION, GIVE STREET	1	ryland			/	505
NOITUTITENI	Provi	dent H	ospital			ORTOWN		D. INSI	DE CITY LIMITS	?
37			n Stree		Ba	ltimore			YES 🔀	NO 🗌
,	Balti	more, l	Marylan	d 21217	11	38 Reiste:	••	E 22		
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED		OF BIRTH	9. AGE (I		II flades 1 V	
Male	Negro		WIDOWED	DIVORCED	1 2.	-8-04	iost birthd	oyl	Manths Doy	r. il Under 24 Hr s Hours Min.
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lone during most o	f working life, ev	en il relired)						''		OF WHAT COUNTE
3. FATHER'S NA	K					8. W. I			U.S.	44.
S. PAINER S NA	ME				14. MO	THER'S MAIDEN	NAME			
										-
5. Was Decease Yes, no or unknow	d Ever in U. S.	Armed Ford	es?	1 6. SOCIAL	17. INFO	RMANT			ADI	ORESS
4	,, 8.10	NOT OF GOICE	o di selvice/	SECURITY NO.		0 -				
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		WAS PERFO	DRMED			No	IN CERT	IFYING CAUS	NDINGS CON	SIDERED 1?
OR CONTRIBU	NT WAS UND UTING CAU medical exam	ERLYINO SE OF	21 B. hom etc.)	PLACE OF INJURY (e.g. e, form, factory, street,	office bldg.	21C. WHERE DID INJURY OCCUR?	(1)	In Baltimare	City, give exoc	t lacotion)
21D.TIME OF INJURY	(Month) (Do	y) (Yeoi)	(Hous) 21 E.	INJURY OCCURRED		21F. HOW DID I	NJURY OCCL	JR?		
(APPROX.)			Whi	le At Wa	hile					
22. 1 cartifu	shot (1) (shi	- hamital\								
that (I) (we)	lost sow the	deceased	offended fr	ne deceosed from 9	10		19	(9	19
and hour and	d from the co	uses state	d chove. (I') (We) (did) (did nat)		ond	tuot in (my)	(our) opini	on deoth occ	urred on the dot
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		10000	assi	MISA - A	Hending	Med.	Shell PMD	12	38. DATE SIGN	NED
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NAME (T	ypel	6	. Ten	aco A.F.	23D. ADD	Divison S	Streot			
A. BURIAL CRE	MATION, 248.	DATE	24C. NA	ME of CEMETERY OF C	· F					
REMOVAL	Specify)	1011	2	THE PERSON OF C		4-1	LOCATION	(City,	town, or coun	ty) (State)
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A. DATE REC'D	4000	4	SE NAME O	The second secon	25C. I	UNERAL DIRECTO	OR U.P	BAILE	Y AE	DDRESS
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BIRTH NO.	69 906	CERTIFICA	TE OF DEATH	REG. NO.	69 9061
NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	2 m 1
Type or Print)	essie 6	ewis	9-11	7-69	12 30 /A
3. PLACE IN BALTIMORE, A	MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If inst	itution: residence before odmissi
FULL NAME OF (IF N	OT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md.		1602.
	RESS OR LOCATION	SALOHON, OFFE SINCE	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
Dal	11 . 1 11	, 11	Baltimore		YES NO
Dolton	Hill Ilw	laing Home	E. STREET AND NUMBER	1 . 1	
			1513 Edmond		
SEX 6. RACE	7. MARE	RIED NEVER MARRIED		9. AGE (In years lost birthday)	(f Under 1 Yr.) (f Under 24 H Months Doys Hours Min.
FN		WED DIVORCED	9-21-97	11416	
OA. USUAL OCCUPATION () Ione during most of working life		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNT
			Va.		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E	
JOSEP	H THOI	MPSON	FLITA		
5. Was Deceased Ever in U	. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, g	ive wor or dotes of servi	215-09-6456	57-110	PARKER	5000 E
1B. / 5 44 V		CAUSE OF DEATH	V/-	MAILER	1 APPROXIMATE INTERVA
	NDITION DIRECTLY	CHOIL OF BIAN			BETWEEN ONSET AND DE
hearl failure, asthenia,	the mode of dying,		CONSEQUENCE OF:		
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

SETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.

NAME OF THE OWNER, STORY AND ADDRESS OF The state of the s

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL CERTIFICATI	ANTECED DISEASES OR CON rise Io The obove UNDERLYING COND OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATI 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (1) that (1) (we) lost sow and haur and from th 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) TACK WIT	DENT CAUSES DITIONS, if couse (A) ITION lost. II DITIONS COID TRELATED TO THE ACTION IN PAR ON WAS PERF (Doy) (Yeor) (this haspital with edeceose the couses stope (A) ITION (ony, giving sloling the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR MED 121E Who wo of the defendent of the desired of the desi	WHICH OPERATION WHICH OPERATION PLACE OF INJURY (e.g., ce, form, foctory, street, ce) INJURY OCCURRED ile A1 Not Whith A1 Work he deceased from 9869 I) (We) (did) (did) WEGREE DEGREE	20A. AUTOPSY? (Yes or No) 20B. IF IN CERT 20A. AUTOPSY? (Yes or No) 20B. IF IN CERT 20B. IN CERT 21F. HOW DID INJURY OCC 22F. HOW DID INJURY OCC 23F. HOW DID INJURY OCC 24F. HOW DID INJURY OCC	YES, WERE FINDINGS IF IN BOLLIMOTE CITY, gir UR? ta	or county) DEATH? 1969 Office SIGNED Office SIGNED Office SIGNED Office SIGNED Office SIGNED

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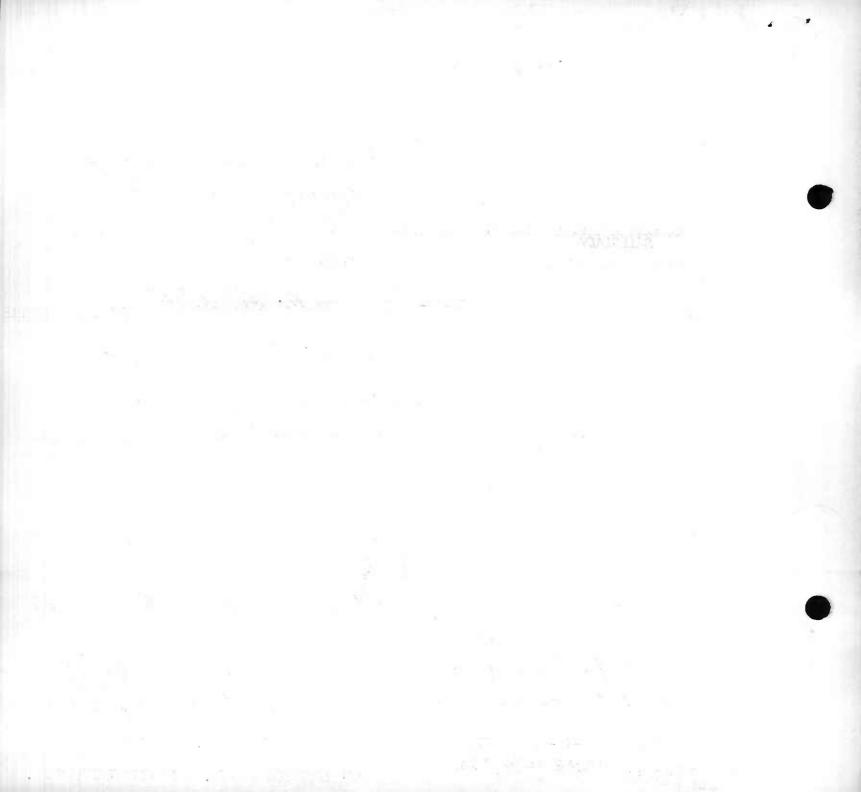
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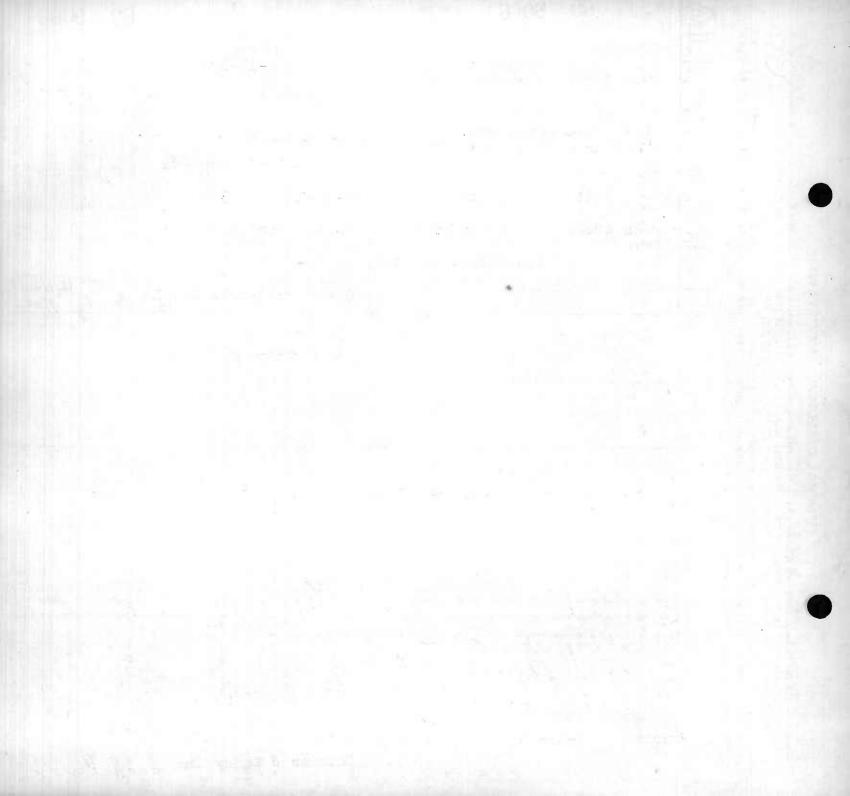
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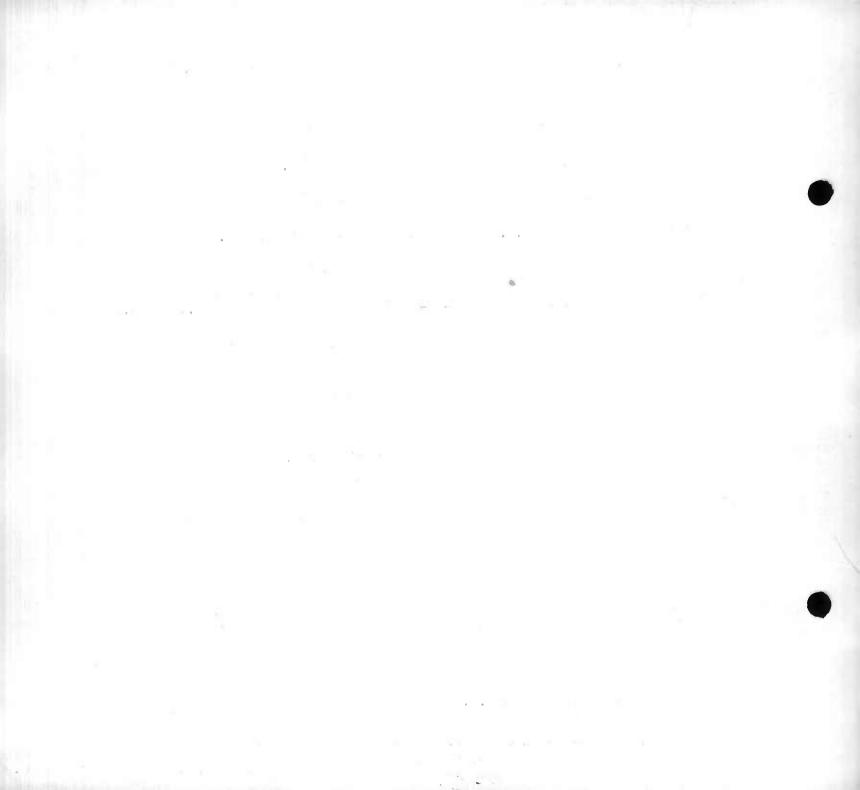


VS 150-REV. 1/1/6B



a hospital and

J-520 69	0.0.010	BALTIMORE CITY	HEALTH DEPARTMENT	r	69	9067
BIRTH NO.	9067	CERTIFICA	TE OF DEATH	REG. NO	00	3007
1. NAME OF DECEASED	(\)		2. DATE	AND HOUR OF DEATH		
	(NMI)		Se	ptember 11, 1	969	7:00 A M
3. PLACE IN BALTIMORE, MARYLANI	D, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residenc	e before admission
FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR L	SPITAL OR INSTITUT	ON, GIVE STREET	Maryland	n INS	SIDE CITY LIMITS?	2001
1 2 Veterans A	dministrati	on Hospital	Baltimore	J. 11.1	YES T	по П
3900 Loch I	Raven Boule	vard	E. STREET AND NUMBE	R	153 14	МОП
	Maryland		3016 35 1	Dada a da bara		
5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	Pairmont Aveni	1e	
Male Negro	WIDOWED	DIVORCED	£ /25 /07	LOST Dirthday)	If Under 1 Yr. Months Doys	Hours Min.
10A. USUAL OCCUPATION (Give kind of done during most of working life, even If retir	work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN O	F WHAT COUNTRY
Boiler Firmman	The second secon	vernment	Uot Camina	n dayle		
13. FATHER'S NAME	0.50	V CI IIIIIIII	Hot Springs	NAME		USA
James Jones			Henrietta	NAME .		
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (if yes, give wor or	forces?	SECURITY NO.	17. INFORMANT	77 11 7 7	ADDI	RESS
Yes 9/27/17 -	_ / /	218-12-7385M	2000 T -1. T	Hospital Reco	ras	L COLUMN TO
18.	1/2/1/	CAUSE OF DEAT	27	Raven Blvd., H	Balto., Mo	1 21218
DISEASE OR CONDITION	Discort	OVOR OF DEVI	,			OXIMATE INTERVAL N ONSET AND DEATH
LEADING TO DEA			Bronchopne	nimoni a	2	
(This does not mean the mode heart failure, asthenia, etc. It me	ons the diseose,	(A) IMMEDIATE CAU DUE TO, OR AS	SE CONSEQUENCE OF:			months
injury or complication which cau	All and a second				1	
ANTECEDENT CAU		Pseu	domonas			
DISEASES OR CONDITIONS,	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************		10000 T7000000000 q q q q q
rise to the above cause (UNDERLYING CONDITION last.	A) stoling the	(c)				
- 11						
OTHER SIGNIFICANT CONDITIONS	O THE TERMINAL	Live Suba	r cirrhosis, h rachnoid thick riosclerosis	ematoma		
DISEASE OR CONDITION GIVEN IN	PART 1 (A).			<u> </u>		***************************************
	PERFORMED	CH OPERATION	Yes	No) 20B IF YES, WERE IN CERTIFYING CA		IDERED
OR CONTRIBUTION TO CALLES OF	G 218, PL	ACE OF INJURY (e.g., in	or about 21C WHERE DID	711 4 10 144	e City, give exoct	locotion)
DEATH (notify medical examined	etcJ		ice bidg. INJURY OCCUR			,
OF INJURY (Month) (Doy) (Ye		JURY OCCURRED	21F. HOW DID	NJURY OCCUR?		
IAPPROX.)	While Work	At Work				
22. I certify that (i) (this hospi			7+h	1969 to Se	1 2 2	7.12
					premper 1	1th 19 69
that (1) (we) last saw the dece	I./	september L	TD 19 ond	that in (phy) (aur) opi	nian deoth acc	urred an the date
and haur and from the causes s	stated abave. (1) (Y	(qiq) (qiq) qqq/y/vi	ew the bady after deat	h.		
23A. SIGNATURE					238, DATE SIGN	ED
V 94		DEGREE Phys.	ding Med. Director	Staff Phys.	9/12/	69
23C. PHYSICIAN'S NAME (Type)	LOPEZ, M.I	2	3D. ADDRESS	Loch Raven Bor		-
		DEGREE		more Maryland		
REMOVAL (Specify)		of CEMETERY OF CREE			y, town, or county	(Stote)
Burial 9-1	5-69 Bal	to. Nat'l		Baltimore,	Ms	aryland
	258. NAME OF R		25C. FUNERAL DIRECT	OR	ADI	DRESS
SEP 1 2 1969 65	et & Jakon	44	MORTON &	DYETT F.H.	T(OT Par	arens St.
/S 150-REV. 1/1768	9	- 1				



1	0.36	2	69 MED	906 ICAL	8 BALTIMORE CITY HE EXAMINER'S (ALTH DEPA	ARTMENT ICATE	OF DEAT	H _{REG NO}	69	9 9068
	TH NO.								1120,110.2		
1. NAME OF DECEASED (Type or Print) ESAU PETERSON					2. DATE OF	Known	pinning	Doy	Yeor		
4.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE	Lamino	Month	Day	Yea	r Hour
FUI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						DUNCED DE	Septem	mber 9,1	969	8:20 P.M.
SOUTH BALTO. GENERAL HOSPITAL					A. STATE Maryland B. COUNTY					ce befare odmission)	
6.		RACE			IED NEVER MARRIED	C. CITY C	-	2000	D. INSIDE CIT	TY LIMITS	5?
	Male	Neg		WIDOW		Ba1	timore		VE	s X	NO 🗆
9. [DATE OF BIRTH		10. AGE (In		If Under 1 Yr. If Under 24 Hrs.		AND NUM) TE	3 🗀	NO L
1	3-31-1913		last birthday	56	Manths Days Hours Min.	3008	South1	and Avenue	2		
11.	BIRTHPLACE (Stot	e or foreig	n country)		12. CITIZEN OF	13. FATHE	R'S NAME				
Cł	narlottev	ille,	N.C.		WHASCAUNTRY?	Sam	uel Pe	terson			
				48. KIND	OF BUSINESS OR INDUSTRY	15. MOTH	ER'S MAIDE	NAME			
	eduring most of worl Janitor	king lite, ev	en itretired)	Park	Tower Apts.	Sal	lie A.	Peterson			
	WAS DECEASED					18. INFO	RMANT			DRESS	
1	Vo.	yes, give v	wor or doles t	or service	238-10-0629	Mrs.	Addie	Peterson	3008 Sc	outhl	and Avenue
	19.	15			CAUSE OF DEA	TH				0.5	APPROXIMATE INTERVAL
	DISEASE	OR COND	ITION DIREC	CTLY	Fatty	Metamo	rphosi	s of Liver			ETWEEN ONSET AND BEATH
		ADING TO			(A)IMMEDIATE O	CAUSE				- 11	
	(This daes not heart failure, as injury ar compli	thenio, etc	. It meons the	diseose,	DUE TO, OR A		QUENCE OF				
NO	DISEASES OR RISE TO THE A UNDERLYING	CONDITION CONDIT	ONS, IF ANY	, GIVING ING THE	(B)(C)	AS A CONS	EQUENCE O	F:			
CERTIFICATION	OTHER SIGNIFI TO THE DEATH DISEASE OR CO	BUT NOT	RELATED TO	THE TERM	INAL			- 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
CERT	20A. DATE OF O	PERATION	1 20B. CON	IDITION	FOR WHICH OPERATION WA	AS PERFOR	MED			21. AU	TOPSY? (Yes or No)
	^^										yes
MEDICAL	22A. EXTERNA UNDERLYING UTING □ CAUS		TRIB-		22B. PLACE OF INJURY (e.g., home, form, foctory, street, affic	in or obout e bldg., etc.)	INJURY OC	E DID (If in Boltimo	re City, give exo	ct locotio	n)
Σ	22D. TIME (Mc OF INJURY (APPROX.)	onth) (C	Ooy) (Yeor) (Hou		WHILE	22F. HOW	DID INJURY OCC	UR?		
	23.				m. WORK LAT W	ORK L					
		that I h	eld an I	nquiry [Inspection Au	tapsy X	and the	at an this basis,	death in my	apinian	
	resulted	fram:-N	latural caus	ses X	Accident Suicio	le 🗌 l	lomicide [Undetermi	ned manner		
		()	Λ		1 , 1		CHIEF MEI	DICAL EXAMINER			
	ACTUAL SIGNATURE	h	eld.	UK	and M.D	AS:	SISTANT ME	DICAL EXAMINER	\mathbf{x}		DATE SIGNED
	EXAMINER'	5		-			OCIATE ME	DICAL EXAMINER			
	NAME (Typ		-	V. Ko	rnblum,M.D.						9/10/69
	A. BURIAL CREMA MOVAL (Specify)	TION, 2	48. DATE		24C. NAME of CEMETERY	ar CREMA	ORY	24D. LOCATION			
	Burial		9-16-6	59	Arbutus memo	rial P	ark	Baltim	ore, Mar	ylar	nd
25	A. DATE REC'D BY		0 .	Con.	AME OF REGISTRAR	25C	FUNERAL	DIRECTOR	Al	DDRESS	
	SEP12	1969	Jabret	54	aber M.D.	МО	RTON &	DYETT FUN	IERAL HON	1E 17	701 Laurens S

nled to the first term of the CONTRACTOR AND SECTION OF IND WE THE THE ATTENDED TO THE CASE OF The state of the s

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. EXPMINER IMPORTANT By MEDICAL FUNERAL DIRECTOR: KELEMSED

4 2	63 00	BALTI	MORE CITY HEA	LTH DEPARTMENT			
BIRTH NO.	69	9069 CER	TIFICATE	OF DEATH	REG. NO	- 69	9069
1. NAME OF DEC	RAYMOND	STEWAK	27	2. DATE AL	HOUR OF DEATH	1	13 55 P
3. PLACE IN BAI	LTIMORE, MARYLAND, WHI	RE PRONOUNCED DEAD	4. 9	SUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: resid	ence belaro admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTITUTION, GIVE	STREET	TATE B. COUN			1701
BUNIU.	OF MD.	HOSP		BACTO STREET AND NUMBER	D. INS	YES TIME	NO 🗌
BALT	0 - MB				-RANKLI,	N	
5. SEX	10 1		RCED	ATE OF WIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months Do	Ys. Il Under 24 Hrs Haus Min.
10A. USUAL OCC	UPATION (Give kind of work 10 working life, even if retired)	B. KIND OF BUSINESS OF	INDUSTRY 11.	FRTHPLACE (State or fore	ign country)	12. CITIZEN	OF WHAT COUNTR
COND 13. FATHER'S NA	DOTOR	BETH. STE	EEL E	Sourd C.	AROLINA	0.5	S. A.
	RCIE Stewa	art	14. /	MOZELLA	ME = 15 H	ER	
15. Was Deceased	Ever in U. S. Armed Forces	? 16. SOCIAL	17. 11	NFORMANT			DDRESS
NO.	, , , , , , , , , , , , , , , , , , , ,	SECURITY Z13-Z6-		rs. Irene St	ewant SI	8 R.D.	imont Ava
18.	191		OF DEATH		1 31	I A	PPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIRECT	TLY		CIRRHOSIS		BEIV	WEEN ONSET AND DEAT
(This does n	ol mean the made of dy	100 00	EDIATE CAUSE		************	2	4.RS
heart foilure.	asthenio, etc. Il means the optication which caused de	disease.	TO, OR AS A CON	ISEQUENCE OF:			0
	ANTECEDENT CAUSES						
DISEASES C	OR CONDITIONS, if any	. giving (B)	TO, OR AS A CO	NSEQUENCE OF:			
rise to the	above cause (A) side CONDITION lost.	one the					
O TO E TO E	11	(c)	************	*****************			
E I I O THE DEAT	III ICANT CONDITIONS CONTR H BUT NOT RELATED TO THE T	EDIAIN AT					
19A. DATE OF	ONDITION GIVEN IN PART 1 OPERATION 198 CONDIT	ON FOR WHICH OPERA	TION 20	A. AUTOPSY? (Yes or No	208, IF YES, WERE I	FINDINGS CO	NSIDERED
19A-DATE OF	WAS PERFOR	MED		no	IN CERTIFYING CAL	JSES OF DEA	TH?
OR CONTRIBU	TING CAUSE OF medical examines	218 PLACE OF IN. home, form, foctory etc.)	JURY le.g., in or of r, street, office bi	dg., INJURY OCCUR?	(Il in Boltimore	e City, give ex	act facation)
21D. TIME OF INJURY	[Month] (Doy) (Year) [loud 21 & INJURY OCC		21F. HOW DID INJ	URY OCCUR?		
IAPPROX.)	-	While At Work	Not While				
22. I certify	that (1) (this hospital) a			2-2-68	9 to 6	1-68	10
	last sow the deceased a		7-68	_19ond the			
· .	from the causes stated		did nat) view +	he bady after death	- interior facility		on the dot
23A. SIGNATU	BF 10		1	Joseph annellis		238, DATE SI	GNED /
X	forly) l - W	illee.	Attending Phys.	Med. Director	Staff Phys.	9/	10/69
23C-PHYSICIA NAME IT	irs ypel		EOREE	DDRESS			
24A. BURIAL CREA	MATION, 248. DATE	24C. NAME of CEMET	DEGREE ERY OF CREMATO	PRY [24D. LC	CATION (Cit	y, town, ar car	unty) (State)
DUC LA)	9/13/69	Cambon &	-1	Hase F.	Kelman	1	40 1
25A. DATE REC'D		NAME OF REGISTRAR	Eternal	C. FUNERAL DIRECTOR	+2paria >	- 1	ADDRESS)
SEP12	1969 Robert E.	Faster M.D.	201.0	TORTONE D	yett F.H.	1001	Laurens S
VS 150-REV. 1/1/6					-		7.0.000



VS 151-REV, 1/1/68

0 0 0 0

Called Medical & faminer's & ffice no other info nation available on home address. Ended to 422 Laurens St. CT.

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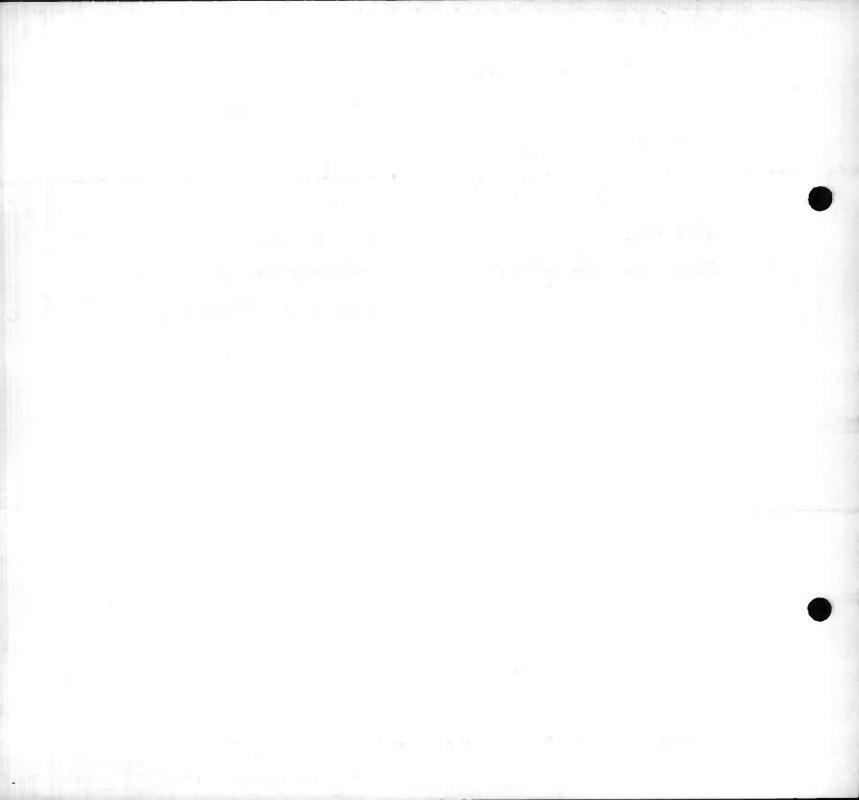
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ALANE STORY OF SIX SIX SIX PERSON

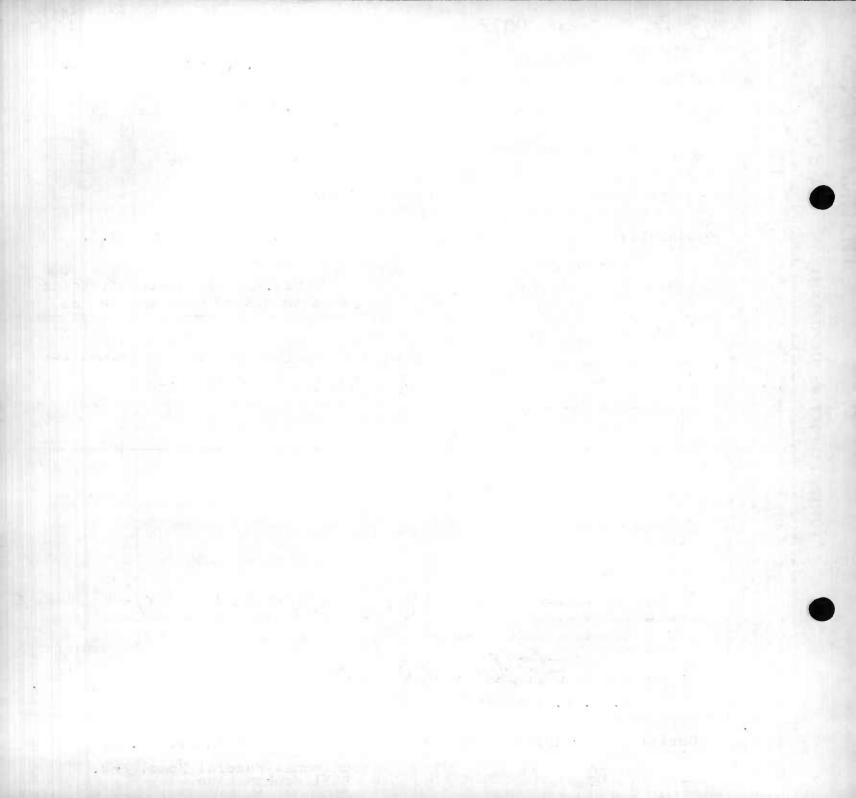
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VS 150-REV. 1/1/68



1	1	-/		BALTIMORE CITY	HEALTH DEPARTMENT		69 9072
BIRT	1-50 TH NO.	69	9072	CERTIFICA	TE OF DEATH	REG. NO	00. 0.072
	AME OF DEC	MARY A	DAM			.9,1969	2 a. M.
3. F	LACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WHA, STATE B, COU	ere deceased lived. If it	nstitution: residence before admission)
HO	LL NAME OF SPITAL OR TITUTION	uld Nursin		TION, GIVE STREET	Md. 21 c. CITY OR TOWN Baltimore E. STREET AND NUMBER 3320 Lawnvi	D. 1NS	2643 SIDE CITY LIMITS? YES X NO
S. S	EX	6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours; Min.
f	emale	white	WIDOWED	= =	3/30/87	last birthdoy) 82	Manths Days Hours Min.
		JPATION (Give kind of wor warking tife, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign cauntry)	12. CITIZEN OF WHAT COUNTRY?
- 1	ousewi		a	t home	Scotland		U.S.
	ATHER'S NA			1101110	14. MOTHER'S MAIDEN NA	AME	0.0.
		Isac McCru	m		Agnes Muir	head	
		Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANTMES.	Jessie McN	Naught; Sister
(Yes	,na or unknown	(If yes, give war ar dat	es at service)	SECURITY NO.	James Adam,		
ATION	DISEASES OF THE UNDERLYING	osthenio, etc. It means splication which causes ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last. IL ICANT CONDITIONS CO	ony, giving stating the	(B) DUE TO, OR AS	Cerebral A CONSEQUENCE OF:	Scleros	cA.
		OPERATION 198. CON WAS PER		HICH OPERATION	20A. AUTOPSY? (Yes ar	Na) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CER	21A. ACCIDENT OR CONTRIBLE DEATH (notify	NT WAS UNDERLYING [ITING CAUSE OF medical examiner)	21 B, hame etc.)		rn or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltima	re City, give exact lacation)
	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
2	(A PPROX.)		Whil	e At Nat While			
ľ	that (I) (ve)		ed alive an	e deceased from	3/12		iniah death occurred an the date
	23C. PHYSICIA	N'S	10 Dure	LOS Phy		Phys.	
	NAME (T	Dr. L. B.	Stevens		3400 Erdman	Avenue	
24A	BURIAL CRE	MATION, 248. DATE		ME of CEMETERY OF CR			city, town, or county) (State)
	Burial	9/12	/69 P	arkwood Cen	netery E	Baltimore,	Md.
25A	SEP 1	BY HEALTH DEPT.	258. NAME O	F REGISTRAR.	\$chimunek F	uneral Hon	ADDRESS
VS	150-REV. 1/1/	6 B		mark and the same	10000)	



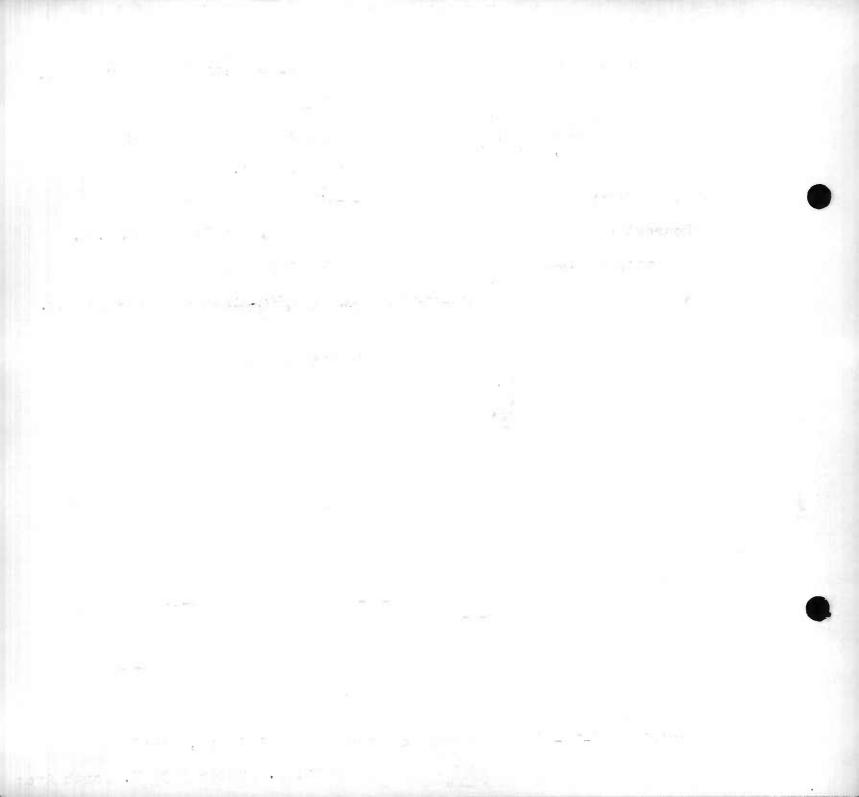
	/ // CO QO'73 BALTIMORE CIT	Y HEALTH DEPARTMENT	00 0000
7	CERTIFICA	ATE OF DEATH REG. NO.	69 9073
1.1	TAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Ty	KOLARIK, James W.	9/9/19	1155 A' "
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where declosed lived. If instituti	on: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD BALT	208
IN	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
	33		NO [
	The Johns Hopkins Hospital	E. STREET AND NUMBER Castle	Xt
5	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in yeors il Mo	Under 1 Yr. II Under 24 Hrs. nths Doys Hours Min.
0.4	WIDOWED DIVORCED	(11. BIRTHPEACE/State of loreign country) 12.	
	e during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY
	Clerk B & O R R	Baltimore, Md.	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John Kolarik	Mary	
Ye.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no	Myrtle Boulden Kolarik	,wife,above
	18. 3 0 3, 2 1 CAUSE OF DEAT	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Para	AUI
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:	a INS
	heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)		1/4
	ANTECEDENT CAUSES	Debrililation	İ
		S A CONSEQUENCE OF:	
	rise to the abave cause (A) stating the UNDERLYING CONDITION lost.	onie alchollin	
	[]		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPEY? (Yes of No.) 20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
CER	21A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If In Boltimore City	give exact location)
S	OR CONTRIBUTING CAUSE OF home, farm, factory, street of call of the call of th	ffice bldg., INJURY OCCUR?	1 And ever incommi
MEDI	21D-TIME (Month) (Doyl (Yeol) (Houd 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
<	IAPPROXI White At Work At Work		
	22. I certify that (1) (this hospital) attended the deceased fram	8/20 19 69ta C	7/9 19.69
	that (1) (we) last saw the deceased alive an 9/9	19 6 and that In (my) (our) opinion	1
	and hour and fram the couses stated above. (1) (We) (dld) (dident)		
	23A. SIGNATURE	23 &	DATE SIGNED
	James Miller DEGREE Phy		9/9/69
	NAME (Type)	23D. ADDRESS	./ .
	James E. Muller, M.D.	The Johns Hopkins Hospital	
24 A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CR		wn, or county) (Stote)
	Burial 9/12/69 Holy Redeemen	The state of the s	
25A	DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	Schimunek Funeral Home 2601 E. Madison St.	. Inc.
2	: D 1 2 1969 Place E. Paller, M.D.	2601 E. Madison St.	,
. '	T50-RFV, 1/1/6R		



VS 150-REV. 1/1/68

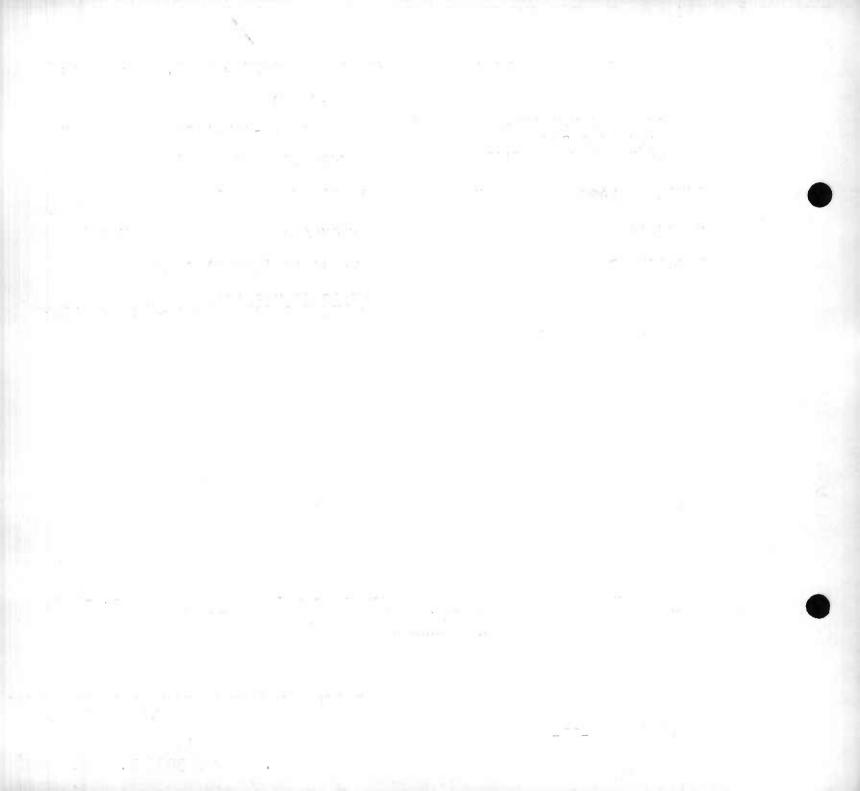
sent prober quel har diagonic in Just & meine FUNERAL DIRECTOR: IMPORTANT

	20 00	000	BALTIMORE CITY	Y HEALTH DEPARTMENT	T .	03 30173
BIRTH NO.	69	907	CERTIFICA	TE OF DEATH	REG. NO	0,070
NAME OF DEC	EASED					
(Type or Print)	Bundy, Helen				AND HOUR OF DEATH	
	TIMORE MARYLAND, Y	WHERE PRONO	UNCED DEAD	114. USUAL RESIDENCE (-69	19:20 p
				A. STATE B. CO	DUNTY	institution; lesidence befole odmissio
FULL NAME OF	ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Maryland		1402
INSTITUTION	Provident H	ospital		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
21	1514 Diviso	n Street	5	Baltimore		YES NO
39	Baltimore,	Maryland	1 21217	E. STREET AND NUMBE	R	
				606 Smithso	n St.	
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yt. Il Under 24 Hi Months Doys Hours Min.
emale	Nogro	WIDOWED		5-4-9-5	71.	Months Doys Hours Min.
OA. USUAL OCCL	JPATION (Give kind of wor	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	loreign country)	12. CITIZEN OF WHAT COUNT
House	working life, even if retired)		Home	A 2020 A 2020 A = 7	Manuel and	
FATHER'S NAM					, Maryland	U.S.A.
				14. MOTHER'S MAIDEN		00 0
	lip Spriggs			Harriet	t Owens	00 0000
es, no or unknown)	Ever In U. S. Armed Fe	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	7-1, 5.13 1101 01 001		212-26-3813	Mine Annia	C-70- 606	Smithson St.
18.) / 0 /	2		CAUSE OF DEAT		Gray or occ	
a 6 1.	7 1	OF OFF	CAUSE OF DEAT	n		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	É OR CONDITION DI LEADING TO DEATH	RECTLY		0	0	
(This does no	at mean the mode of	dving. e.g.	(A) IMMEDIATE CAL	ise severe m	alnutritu	not
heart failure.	asthenia, elc. It means	the disease.	DUE 10, OR AS	A CONSEQUENCE OF:	about ritu Behydral	ion
	plicotion which coused	1			6	
A	INTECEDENT CAUSES	3	/p\	Samlit	4	
DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	-	***************************************
UNDERLYING	abave cause (A)	slaling the	(a)		100	
-	-January (us),		(c)			
OTHER SIGNIE	CANT CONFIDENCE CO	Althinizer				
ITO THE DEATH	CANT CONDITIONS CO	HE TERMINAL				
	ONDITION GIVEN IN PAR OPERATION 198 CON	RT 1 (A).	WICH OPERATION	120 4 4115	N. V. ede	***************************************
19A-DATE OF	WAS PER	FORMED	VALUE OFERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDEN	T WAS HINDERIVED	lote	DI AGE GE WATER			
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF		rLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DIC	(If in Boltime	re City, give exoct location)
. 7	medical exemined	etc.)				
210 -	(Menth) (Doy) (Year)	(Heur) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INTIME	1					
OF INJURY		Whi	le At Not While	• 🗆		
(APPROX)		44.01		• 🗆		
22. I certify	that (I) (this hospital) attended th	e deceased from 8-	• 🗆		-6919
22. I certify) attended th	e deceased from 8-	22 - 69		
22. I certify that (I) (we)	that (I) (this hospital	i) attended the	e deceased fram 8–2 –5–69	22-69 19and	that In(my) (our) api	
22. I certify that (I) (we)	that (i) (this hospital last saw the decease fram the causes stot	i) attended the	e deceased fram 8–2 –5–69	22 - 69	that In(my) (our) api	nfon death accurred an the da
22. I certify that (I) (we) and haur and	that (i) (this hospital last saw the decease fram the causes stot	i) attended the	e deceased fram 8- -5-69) (We) (did) (did nat) v	22-6919and lew the body after dear	that in(my) (our) apl	nfon death accurred an the dat
22. I certify that (I) (we) and haur and 23A. SIGNATUR	that (1) (this hospital last saw the decease fram the causes stot	i) attended the	e deceased fram 8-1-5-69) (We) (did) (did nat) v	22-69 19 and lew the body after death	that In(my) (our) api	infon death accurred an the dat
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22. I certify that (I) (we) and haur and 23A. SIGNATUR	that (1) (this hospital last saw the decease fram the causes store	i) attended the dalive an 9 ted above. (1)	e deceased fram 8-1-5-69) (We) (did) (did nat) v	22-69and lew the body after deal andingMed. Director 23D. ADDRESS 1514 Divis on	that in(my) (our) apl the Stoff Phys. Street	nfon death accurred an the dat
22. I certify that (I) (we) and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty)	that (1) (this hospital last saw the decease from the causes store TS TS TS TS TS TS TS TS TS T	i) attended the dalive an order ted above. (1)	deceased fram 8- 5-69 (We) (did) (did nat) v Machine Physics Attention Physics Physi	22-69	that in (my) (our) apl th. Staff Phys. Street LOCATION (C	238, DATE SIGNED 9-8-69
22. I certify that (I) (we) and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) IA. BURIAL CREM REMOVAL (Sp. Burial	that (1) (this hospital last saw the decease from the causes stote TS PS PS PS PS PS PS PS PS PS	attended the dalive and ted above. (1) Paragraphic Pa	e deceased fram 85-69) (We) (did) (did not) v Attemption Degree Physics Attemption of Cemeter Ce	22-69 19 and lew the body after dear anding Med. Director 23D. ADDRESS 1514 Divis on MATORY 24D BE	that in(my) (our) apl th. Stoff Phys. Street LOCATION (C)	ity, lown, or county) aryland
OF INJURY (APPROX.) 22. I certify that (I) (we) that (I) (we) that and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) IA. BURIAL CREM REMOVAL (Sp. Burial	that (1) (this hospital last saw the decease from the causes store to the last saw the decease from the causes store to the last saw the decease from the causes store to the last saw the cause saw the last saw the decease from the last saw the decease from the last saw the decease from the last saw the last saw the decease from the last saw the last saw the decease from the last saw the decease from the last saw the last	i) attended the dalive an order ted above. (1)	e deceased fram 8- 5-69 (We) (did) (did not) v Attemption Degree Physics Attemption of Cemeter Come FREGISTRAR	22-69 19 and lew the body after deat anding Med. Director 23D. ADDRESS 1514 Divis on MATORY tery Be 25C. FUNERAL DIRECT	that in(my) (our) aploth. Stoff Phys. Street LOCATION (Caltimore, More)	238, DATE SIGNED 9-8-69



	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	B-623 69 907	O _	HEALTH DEPARTMENT	V 250 NO	69	9076
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO		0010
	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH		
			TITIA SEP	TEMBER 7.	1969	6:00P M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If ins	stitution: resider	nce before admission)
II ES	ILL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	MARYLAND	But	0	53-00
IN	STITUTIONST AGNES HOSPITAL		C, CITY OR TOWN	D. INSII	DE CITY LIMITS	?
ľ			BALTIMORE -	ELKRIDGE	YES 🗌	NO X
1	WILKENS & CATON A		E. STREET AND NUMBER			
Z	BALTO MARYLAND 21	229		RD		
Ш		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors lost birthday)	If Under 1 Y	r. If Under 24 Hrs. S Hours Min.
		WED DIVORCED	110 14 90	78		
10/	LUSUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn countryl	12. CITIZEN	OF WHAT COUNTRY?
	HOUSEWIFE		MARYLAND		US	Α .
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	0 3	- A
	ZEDRICK GREEN			EWIS) GREE	M	
		1 6. SOCIAL		EWIS / GREE		
(Ye	Was Deceased Ever In U. S. Armed Forces? s,no or unknown! (If yes, give wor ar dates of serv	ice) SECURITY NO.	17. INFORMANT	DITAL	ADI	DRESS
		- 1000 000000	ST AGNES HOS	ION AVES B	ALTO M	21220
	18. 15 19	CAUSE OF DEAT	Н	TUIL AVI. II	APE	PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		ISE CA. Stoma	,	DC I W	LEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	(A)IMMEDIATE CAL		en		
	heart failure, asthenio, etc. It means the dise	bue to, or as	A CONSEQUENCE OF:	C		
	injury or complication which caused death.)		My Ann	terria cell on		
	ANTECEDENT CAUSES	(B)	10000	- M CAU OI	502,	
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:			***************************************
	rise to the obove cause (A) stoling UNDERLYING CONDITION tast.	(C)				
	П	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG				
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL				***************************************
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES, WERE FI	INDINGS CON	ISIDERED
ERT			NO	IN CERTIFIED CAU	JES OF DEAL	***
	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(if In Baltimore	City, give exo	ct location)
Z C	DEATH (notify medical examined	etc.)				
MEDICAL	21D. TIME (Month! (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
3	OF INJURY (APPROX.)	While At Not While	• 🗂			
	22 1 - 45 - 4 - 40 (-11 1 1 - 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Work At Work		-		
	22. I certify that (1) (this hospital) attend	ed the deceased from AU	GUST 15 1969 1	9to <u>SEP</u>	TEMBER	-7-189
	that 💢 (we) last sow the deceased alive	ou ZEDTEWREK /	19ond the	ot in (m/y)X (our) opfn	Ion deoth oc	curred on the dote
	and hour and from the couses stated abov	e (1)/(Me) (9)/9/ (4)/ Mily Moh) A	lew the body ofter death.			
	23A. SIGNATURE				23B, DATE SIG	
	J. Muyschild (After Physics	nding Med.	Staff Phys.	9.7.	69.
	23 C-PHYSICIAN'S DAME (Typel	DEGREE	23D. ADDRESS			
	JESADA/ MU	ANGSO MBUT	ST AGNES HOST	PITAL WILK	ENS &	CATON AVES
24/	BURIAL CREMATION, 248, DATE 24	DEGREE C. NAME of CEMETERY of CRI		DA	I TO MO	nty 1220
	KENALLY AL ASSACITAT	LTIMORE NATIO		TIMORE, MA		•
	,					
-	SEP 1 2 1969 Cabe E. Va	WELL AND RAK	210 ENHIERAD GIRECTOR	NUTTER 30	35 W. Î	NORTH AVE
	V =		0006)		
V5	150-REV. 1/1/68		• 40			



	1 520	0	2 00	BALT	IMORE CITY H	EALTH DEPART	MENT	· ·		00	
	TH NO.	A . 68	9 90	77. CEF	RTIFICAT	E OF DE	ATH	REG. NO)	69	9077
(Ty	Pe or Print	4059	wie	-LIAN	1 Has	ekv 2.	DATE ANI	196	ATH 9	1 /	03500
3.	PLACE IN BALTIN	ORE MARYLAN	D, WHERE PR	ONOUNCED DEA	b	L USUAL RESIDE	NCE (When	deceosed lives.	If institution	esidence	before odmission)
шно	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HO	SPITAL OR IN	ISTITUTION, GIVE	STREET	MA.		alto.	1	1111000	53.00
	San and	· Man	0. 10/1-	Banling.		RASSA	OSEA	more.	INSIDE CITY	_	NO
	Tignice	- croy	916	refere.		STREET AND N	UMBER	0,00.0	11.3	<u> </u>	102
1	1/ Selle	me a	we out	Grun	Everet !	Couch	es La	re			
5. 5	SEX M 6.	RACE W	7- MARI	RIED NEVER A	INNIED	EBOUARY /	. 14	AGE (In years	if Un Month	der 1 Yr.	If Under 24 Hrs. Hours Min.
10A	USUAL OCCUPA	TION (Give kind of	work 108. KIN	D OF BUSINESS C	R INDUSTRY 11	BIRTHPLACE (ST	ate or foreig	n country)	112. C	TIZEN OF V	WHAT COUNTRY
don	Retired (ing life, even if reli Untchina	rad) 1	Industry		md.				U.S.	
13.	FATHER'S NAME				14	. MOTHER'S MA	IDEN NAM	E			
(Um He	nry	Amos	5	1	JAN	e 1	moss			
5. Yes	Was Deceased Eve	r in U. S. Armed	forces?	ice) 1 6. SOCIAL	17	- INFORMANT			/	ADDRES	SS
	NA	,		SECORI	1110.	(Take	its	chaft	-		
	18.	0 1		CAUS	E OF DEATH					APPROX	IMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY										
	LEADING TO DEATH										
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.										
	injury at camplic	alian which cat	sed death.)	dse,					U		
	ANI	ECEDENT CAU	ISES	. /	aclose.	Roleste	- 6	sadina	and le	Du	
	DISEASES OR	CONDITIONS.	if any, ni	ving (B)		CONSEQUENCE		unce v	ajanco	0/3	112
	rise to the c	bove cause	(A) sloting	the							
	UNDERLYING C	ONDITION last		(c)							****
z		- 11									
ATION	OTHER SIGNIFICA	NT CONDITIONS UT NOT RELATED '	CONTRIBUTI TO THE TERMIN	NG VAL							
CA	19A. DATE OF OP	DITION GIVEN IN	PART 1 (A).	***************************************	ATION	IZOA. ALIZOBEYA	Van at Nail	200 10 450 44			
ERTI	0	WAS	PERFORMED			20A- AUTOPSY? (20B. IF YES, W	CAUSES OF	S CONSID	ERED
ZAL.	21A. ACCIDENT VOR CONTRIBUTION DEATH (natify me	G CAUSE OF	16	218 PLACE OF I	NJURY (e.g., in o ory, street, office	obout 21 C. WHEI	RE DID CCUR?	(If In Bol	limore City, g	lve exoct lo	cotion)
ត	21D. TIME (M	anth) (Doy) (Y	eor) (Hour	21E INJURY OC	CURRED	21F. HOW	DID INJU	RY OCCUR?			
٤	(APPROX.)			While At	Not While	٦ . ا			,		
	22 1 25 1	. /19//.1 1	1. 1	Work L	At Wark L	197		10	0/0	2	10
	22. I certify tha				from	4 1	18	10	7/7	***************************************	1827
	that (1) (we) las			161		1969		in (my) (aur)	apinian de	ath accuri	red an the dat
	and have and fro	m the causes	stated abay	e. (1) (We) (did)	(did not) vier	v the bady after	r death.				
-	23A. SIGNATURE	100 -	3	0					23 B. D.	TE SIGNED)
	1 cexu	Xeen.	W B	Mes.	DEGREE Phys.	ng Med.	ar S	hys.	9-	9-69	
	23C. PHYSICIAM'S	FF.C	ALCA	ICIM	DEGREE	ADDRESS	i H	esh-a	Bar	fo.	
24A	BURIAL CREMAT	ION, 24B. DATE	240	C. NAME of CEM	DEGREE ETERY OF CREMA	ATORY	24D. LO	CATION	(City, town,	or county)	(Stote)
Y	REMOVAL (Spec	0 m	10	M. 11.	1		7.1		A	or county)	1
25A	DATE REC'D BY	HEALTH DEPT.	67 1	ME OF REGISTRAL	Cemer			bward	Ci.		Md.
	CED 1 F	1969 26	E 3	ALBER ALD		25C/FUNERAL E	PIRECTOR	4/2:11	1.1.	ADDI	KESS
	266 12	1000	F. 458 A.	and A sad	0 3	Youry	1000	HUIGHT	MYKL	well	1101





	1 ,,	-1			HEALTH DEPARTMEN	T	00	0020
	0-65	/ 69	9078	CERTIFICA	TE OF DEATI	REG. NO.	69	3073
	RTH NO.	SED				AND HOUR OF DEATH		
(Ty	rpe or Print)	CLARENCE			SE	PTEMBER 13.	1969	6:35AM M.
3.	PLACE IN BALTIA	ORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in	stitution; resid	ence before admission)
FU HO IN	ILL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	(NOITA	TTUTION, GIVE STREET	MARYLAN C. CITY OR TOWN		IDE CITY LIMIT	864
	11	ST AGNES			BALTIMO		YES 💢	NO 🗌
	40			NS AVENUE	E. STREET AND NUMBI			
_	SEX 6.	BALT I MOR		YLAND 21229		D FREDERICK		229
	MALE	WHITE	WIDOWE		12/01/00	9. AGE (in years last bithdoy)	If Under 1 Months Do	Yr. II Under 24 Hrs. Hours Min.
io/	LUSUAL OCCUPA	(TION (Give kind of work king life, even If retired)	10B, KINO	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	SALESMAN		DAI	RY	MARYLAND		US	Α
3.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		,,,
	EDWARD F	GREMPLER			GRACE DEE	MS		
5. Ye	Was Occased Every sano or unknown) ((f	er in U. S. Armed For yes, give wor or dote	ces? s of service	16. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
	NO	,		213 05 7768	ST AGNES H	OSP CATON &	WILKE	NC AVE
_	18. ///	0		CAUSE OF DEAT		031 041011 0	1 ^	PPROXIMATE INTERVAL
		OR CONDITION DI	ECTLY				BETV	WEEN ONSET AND DEATH
		ADING TO DEATH mean the made of	duing o	(A) IMMEDIATE CAL		al Interction	on	
	heart failure, ast	henia, etc. it means	the diseas	e, DUE TO, OR AS	A CONSEQUENCE OF:			
		calion which coused TECEDENT CAUSES	death.)		(1 11	1 5 1.		
			**.	(B) Upper	A CONSEQUENCE OF:	nal Bleeding		
	rise to the	CONDITIONS, ii abave cause (A)	stating th		1 1	/ / \\ .		
	UNDERLYING C	ONDITION last.		(c) Athere	screvotic an	HOVEXUIER DISEC	25 4-	
z	OTHER CICKHEIGA		ITOIOI ITIAL					-
E	TO THE DEATH B	NT CONDITIONS COLUT NOT RELATED TO THE	E TERMINA		******************************			
ERTIFICATION		DITION GIVEN IN PAR PERATION 198 CON WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED ATH?
CAL CE	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING CAUSE OF	2° he el	B. PLACE OF INJURY (e.g., i ome, farm, foctory, street, o	n or obout 21C. WHERE DI	O (If In Boltimor	re City, give ex	coci locotion)
MEDIC	21D. TIME (N	lonth) (Doy) (Year)	(Hour) 21	& INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
ξ	(APPROX.)			Vhile At Not While At Work	• 🗆			
	22. I certify the	ut (N (this hospital		the deceased from	08/28/ 69	10 40 (19	/13/69	10
				09/13/69		d that in (my) (our) opi		
		. 1/1		(A) (Me) (q1q) (Aink Hox) A			26011) (Jestied on the ddie
	23A. SIGNATURE	14/1/		X/ () (a.a.) (X/X)(0) (Tew the budy offer dec	11110	238, DATE S	IGNEO
		hel		Dhan	nding Med.	Staff Phys	09/1	3/69
	23C. PHYSICIAN'S NAME (Typo	11		DEGREE	23D. ADDRESS	- rnyy	0)/ (2,00
	HANNE LIABO	SALVADOR C	UIROZ	MD	ST AGNES HO	SP CATON &	WILKEN	S AVE 2122
24/	A- BURIAL CREMA REMOVAL (Spec			OEGREE NAME of CEMETERY of CRI			ly, town, or co	
	rial	9/16/6	9 Lo	udon Park Ceme		Baltimore, Md.	-	
					25C. FUNERAL DIREC	TOR		ADDRESS
5	EP 15 186	9 Jober E.	Markey	OF REGISTRAR	Witzke, Cato	onsville,1630	Edmonds	on Ave.21228
-	100 DEV 1010					4		

	,		
AEDICAL	EY A MAINIED'S	CEDTIFICATE	0

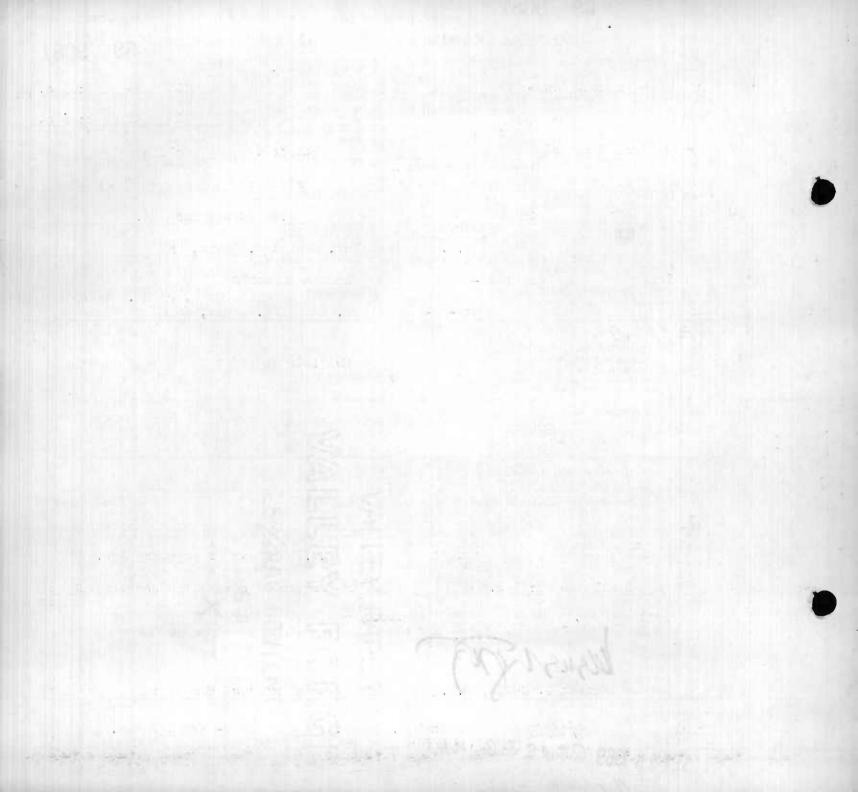
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	00

1		ME	DICAL EX	CAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	00	3000
1.	NAME OF DEC	EASED ADA I	. MARSH		2. DATE OF DEATH	Knawn Estimated	Manth	Day	Year Haur	м.
4.	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONC	UNCED DEAD	3. DATE		Month	Day	Yeor Hour	
HC	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA		ON, GIVE STREET		UNCED DEAD ESIDENCE (Where			1969 8:00	
	00	2445 N. Cal			A. STATE	Maryland		B. COUNTY	120	3
6.	SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CITY	LIMITS?	
	Female	White	WIDOWED			Baltimore		YES	X NO .	
9.	11/26/18	lost birthd		nder 1 Yr. If Under 24 Hrs. hs. Days Hours , Min.	E. STREET	2445 N. C	alvert	Street		
11.		tate or lareign country)	12. C	ITIZEN OF	13. FATHER	'S NAME				
	Maryland	1		VHAT COUNTRY?	Late	Charles F.	Marsh	1		
				BUSINESS OR INDUSTRY						
	retired	arking life, even if relired)				Emma J. A	Kauffma			
16. (Ye	WAS DECEASI s, na ar unknown)	ED EVER IN U.S. ARME (If yes, give war or dates	D FORCES? of service)	17. SOCIAL SECURITY NO.	IB. INFOR			ADDI		
r	10		Enter		Mrs.	George U.	Foust	,6234 Autl		,
	19./12	4 1 E 8	7 X	CAUSE OF DEA					APPROXIMATE BETWEEN ONSET	
		E OR CONDITION DIRE	CTLY			c cardiov	ascula	r disease		
	(This daes no	at mean the made of d		(A) IMMEDIATE O	CAUSE AS A CONSEC	UENCE OF:				
		osthenio, etc. It meons the oplication which caused de		502,10, 011	A0 A 00113E	OCTOC OT				
		NTECEDENT CAUSES		(B)	AS A CONSE	OUT NOT OF				
	RISE TO THE	OR CONDITIONS, IF AN ABOVE CAUSE (A) STA		DUE TO, OR	AS A CONSE	QUENCE OF:				
Z	UNDERLYIN	IG CONDITION LAST.		(C)						
음		II								
CERTIFICATION	TO THE DEA	IFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN F	THE TERMINAL	Fract	ure of	right hip				
EAT	20A. DATE OF	OPERATION 208. CO	NDITION FOR	WHICH OPERATION W	AS PERFORM	NED		2	I. AUTOPSY? (Yes	or Na)
Įΰ	0								Ma	
K	22A. EXTERI	NAL CAUSE WAS	228. F	PLACE OF INJURY (e.g.,	in or about	22C. WHERE DID ((If in Baltima	re City, give exact l	acatian)	
임	UNDERLYING	OR CONTRIB-	home	, farm, factory, street, office home	e bldg., etc.)	(bathroom) - 24	45 N. Cal	vert Stre	et
MEDI		Month) (Doy) (Yes	r) (Haur) 22	E.INJURY OCCURRED		2F. HOW DID IN.			VCLU DULC	
		9-9-69		HILE AT NOT	WHILE X	Fell at h	ome			
	23.									
	I cert	ify that I held an	Inquiry		tap sy 📙			death in my ap	inion	
	result	ed fram: Natural ca	ses A	coldent X Suicio	de 📙 H	amicide 🔲 📗	Undetermi	ned manner 🔲		
П	ACTUAL	01. 8	1,-	1-0	-	CHIEF MEDICAL E		₽D	DATE SIG	GNED
	SIGNATU		7,	NO).			<u>.</u>		
	EXAMINI NAME (T	Larie	ss.s. Sp	ringate, M.D	. ASSC	OCIATE MEDICAL E	XAMINER	Septe	mber 11,	1969
	A. BURIAL CREA MOVAL (Specif		240	C. NAME of CEMETERY	ar CREMATO	DRY 24D.	LOCATION	(City, town, o	r county) (S	tate)
B	urial	9/13/6	9 1	ruid Ridge C	Cemetery	7 Ba	ltimor	e, Maryla	ind	
25	A. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR		FUNERAL DIRECTO	OR .	ADD	RESS	
	SEP 15	1969 Rubert	E. Valle	6 M. G.	Wi	tzke, 4101	Edmon	ndson Ave	., 21229.	444
VS	151-REV, 1/1/68	4163-	11 11 /			APS A A				

STATE

.. ..

24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 16/69 Denison Cem. Assoc. Wilkes-Barre. Penna. 25A. DATE REC'D BY HEALTH DEE 25C. FUNERAL DIRECTOR **ADDRESS** Witzke, 4101 Edmondson Ave., 21229 VS 151-REV. 1/1/6B



5.562 69 9000

BALTIMORE CITY F	HEALTH D	EPARTMENT	
CERTIFICAT	E OF	DEATH	X

REG. NO.	69	9082

BIRTH NO.	00	JUC	CERTIFICA	TE OF DEATI	H REG. NO	00 0002
I. NAME OF DE					E AND HOUR OF DEATH	
(Type as Print)	Som mees,	Josepl	۸.		9/10/69.	1 1160
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (istitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	BALTIMORE	53-00
NOITUTITEN	BALTIMORE CIT			C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
31	4940 EASTERNA	AVNEUE	401004	E. STREET AND NUMBE		YES NO XX
	BALTIMORE, MA	RILAND	#21224	8613 RICHMO		#21234
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr. , If Under 24 Hrs.
MALE	WHITE	WIDOWED		5-10-10	lost birthdoy) 59	Months Days Hours Min.
A. USUAL OCC	UPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
Car Sa	working life, even if refired) Alesman			MONTO DE CONTRA	Hungary	U.S.A.
3. FATHER'S NA					- 0	
	Unl	,	,	14. MOTHER'S MAIDEN		
				BERTHA	1	
es, no or unknown	Ever in U. S. Armed Ford (If yes, give war or date	cos? s of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	AOAO DECEMBRE	ADDRESS
			153-09-3186		4940 EASTERN . 21224	AVENUE
18.4/0	.9		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIR	ECTLY		0 .		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Cantida	Kailure	
this does in	not mean the mode of osthenia, etc. It means	dying, e.g.,		A CONSEQUENCE OF:	1,000,000	
injury or con	nplicolion which coused	deoth.)			U	
5.	ANTECEDENT CAUSES		· M	ask one	Devile of	15 Hours.
DISEASES (OR CONDITIONS, if a	anv. nivina	(B) DUE TO, OR AS	A OONSEQUENCE OF:	x angaics	13 Hours
rise to th	e obove couse (A)	stoling the		This against on	V	
UNDERLYIN	G CONDITION lost.		(c)		****	***************************************
-	11					
OTHER SIGNIF	FICANT CONDITIONS CON	ATRIBUTING				
DISEASE OR C	ONDITION GIVEN IN PART	1 (A).	***************************************			
OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A-DATE OF	OPERATION 198. CONT	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes o	No. 20 B. IF YES, WERE	INDINGS CONSIDERED JSES OF DEATH?
2,				YES	YES	DSES OF DEATH!
OR CONTRIBI	NT WAS UNDERLYING THE	21 B.	PLACE OF INJURY (e.g., in e, farm, factory, street, of	or about 21 C. WHERE DI	(If In Baltimore	City, give exact location)
DEATH (notify	medical examiner	olc.)				
21D. TIME	(Month) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		Whi	lo At Not While			
22 1	.1 . (1) (.1				- 60	
	that (1) (this hospital)			-10	19_69_ta9	19 <u>69</u>
	lost saw the deceased		9-10	19 <u>69</u> and	that in (my) (our) apir	nion deoth occurred on the dote
and have and	from the couses state	ed abave. (1)	(We) (did) (did nat) vi	ew the body ofter dea	th.	
23A. SIGNATU	RE					23 B. DATE SIGNED /
hee	Cer. Deler	() ()	A A A VOICE II BLUE	Iding Med.	Staff Phys	alistic
23C.PHISICIA	N'S		DEGREE	3D. ADDRESS	- rnystr	1/1467
NAME (T	ype) J. WISN	ESLER M	.D.	BCH 4940 EASTE	ERN AVENUE #	21224
A BURIAL CRE	MATION, 248 DATE		ME of CEMETERY OF CREA			
Buria]	Specify)					y, tawn, or county) (Stoto)
	7/-2/	and the second second second	eland Memoria		altimore Mary	-0.000
A. DATE REC'D	BY HEALTH DEPT.	25B NAME O	F REGISTRAR	25C. FUNERAL DIREC	Flick Inc. 5305	Harford Hd 2121



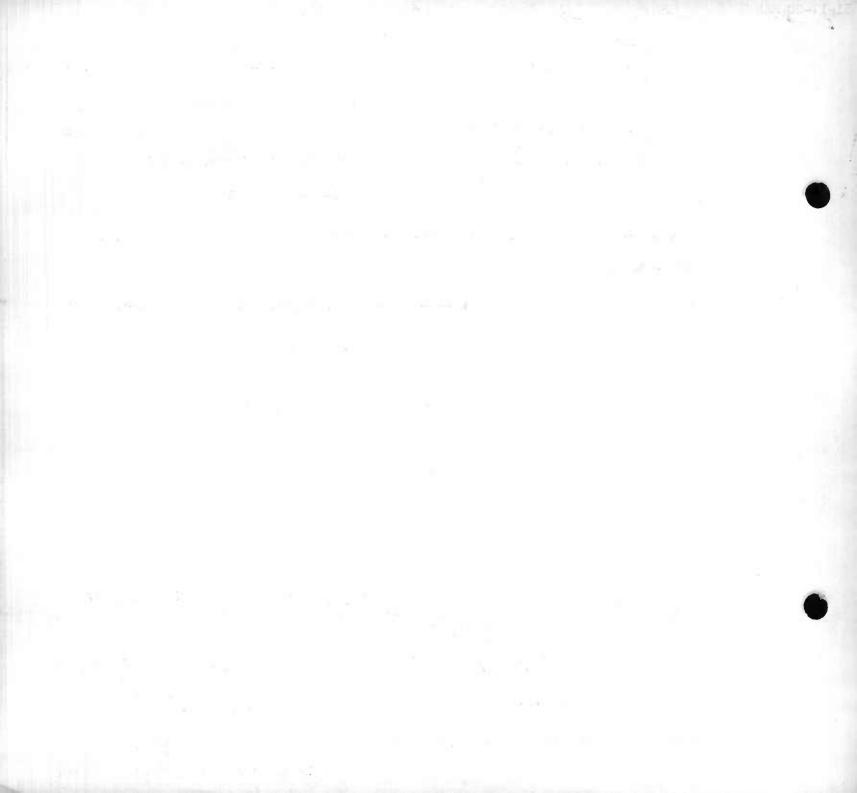
ath sed the uch	
e approved by the chief medical examiner or his assistant if death occurred in a hospital and it to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tal (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
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hos use (5)	
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approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contributiof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined all (except where the physician who pronounced death was in regular th); and (6) No physician was in regular attendance on the deceased pribe obtained before the remains are embalmed or final disposition is made.	
sed sed pit pit ust	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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Married A.	400 69	909	2 BALTIMORE CITY	HEALTH DEPARTMENT		
5-4	-00 03	200			REG. NO.	69 9083
BIRTH NO.	1		CERTIFICA	TE OF DEATH		
NAME OF D	ECEASED			2, DATE AL	NO HOUR OF DEATH	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SCHEEL, Henr	y Char	les	9-11	- 69	1 3:25 A M
PLACE IN	ALTIMORE, MARYLAND,			4. USUAL RESIDENCE (Whe	ere deceosed lived. If instit	utiom residence before admission)
ULL NAME (OF IIF NOT IN HOS	PITAL OR IN	ISTITUTION. GIVE STREFT	37	140.00	5300
ULL NAME (OSPITAL OR ISTITUTION			ISTITUTION, GIVE STREET	C. CITY OR TOWN		CITY LIMITS?
	Veterans Admi	nistra	tion Hospital	Baltimore		ES NO
	3900 Loch Rav			E. STREET AND NUMBER		
70	Baltimore, Ma	ryland	21218	3323 Acton Ro	ad	
SEX	6. RACE	7- MARE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	f Under 1 Yr., If Under 24 Hrs.
lale	Caucasian	WIDOV		6-25-96	last birthday) ^	Aonths Doys Hours Min.
A. USUAL O			OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY
ne during most	of working life, even if retired	d) [
	PEAR Steamfit	ter		Baltimore, Ma		U. S. A.
FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	ME	
nthony	Scheel		213-09-9457	Julia Digelm	an	
	sed Ever in U. S. Armed wn) (If yes, give war ar d	Forces?	cel PASECURITY NO.	17. INFORMANT VA HO	snital Record	ADDRESS
es, no or unkno Ces	11-21-17 to			Baltimore, Ma		56
18.	11-21-17 00	1 ~1	CAUSE OF DEATH		ajamin RIRIO	APPROXIMATE INTERVAL
161	ACE OR COMPUTE	DIRECT	ANDE OF DEAT	20		BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION LEADING TO DEAT			se Carcinoma of	lung with	7 months
(This does	nal mean the mode	ol dying,	e.g., (A) IMMEDIATE CAU	A CONCEOUENCE OF		
	e, aslhenia, elc. il mea amplication which caus		058,	mult	tiple metastas	sis
111/01/ 01	ANTECEDENT CAUS					
DISEASES			(B)	A CONSEQUENCE OF:		*****************
nise In	OR CONDITIONS, i	f any, giv	ving DUE 10, OR AS	A CONSEQUENCE OF:		
	NG CONDITION last.	ar aluming	(c)	*******************		
	11					
OTHER SIGN	VIFICANT CONDITIONS C	ONTRIBUTII	NG			1
DISEASE OF	ATH BUT NOT RELATED TO	THE TERMIN	(AL		•	
	OF OPERATION 198 CO		OR WHICH OPERATION	20A. AUTOPSY? IYes or No	IN CERTIFYING CAUSE	DINGS CONSIDERED
21				Yes	Yes	A AL ANGUILI
OR CONTR	BUTING CAUSE OF		21B, PLACE OF INJURY fe.g., in hame, farm, factory, street, at	or about 21 C. WHERE DID	(If In Baltimore C	ity, give exact location)
DEATH (no	tify medical exominer		etc.)	TO STORY THE OWN A PROPERTY.		
21D. TIME OF INJURY	Month Doy (Yes	ar) (Haus)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY			While At Not While			
			Wark L At Wark	Ч ,		
			ed the deceosed from AV		19 69 10 Septe	mber 11, 19 69
that ID (w	e) last saw the decea	sed alive	September 11.	1969ond th	at in ((our) apinla	n death occurred on the date
and hour	and fram the couses s	tated abav	e. (版 (Me) (qid) (如心经Xv	lew the bady after death.	-07.	
23A. SIGNA						B, DATE SIGNED
		11		nding Med.	Stoff Phys.	9/11/69
23C. PHYSIC	CIAN'S	117	DEGREE	23D. ADDRESS	rays, was	11 221 41
NAME	(Typel	10	un		och Raven Blvd	
A BURIAL C	YOUNG		N. M.D. DEGREE		ore. Md. 2121	8
A. BURIAL C REMOVA	L (Specify)	1	C. MAME of CEMETERY OF CRE			lown, or county) (Stole)
Bur	ial 9/15	/69	Most Holy Redeem	ner Ba	ltimore Maryl	and
A, DATE REC	D BY HEALTH DEPT.	258 NA	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SFP1	5 1969 Juber 8	E. Jack	Sey, M.D.	Leonard J. Ru	ick Inc. 5305	Harford Rd. 21211
150-REV. 1/		: 0			1	

en de la companya de El montre de la companya de la comp Marile comments of a few sections

7 51	~			BALTIMORE CITY	HEALTH DEPARTMENT		00			
BIRTH NO.		69	9084	CERTIFICA	TE OF DEATH	REG. NO	69	9084		
1. NAME OF DEC (Type or Print)	1-RE	0	C.	DONOY	AN 2. DATE AN	D HOUR OF DEATH	1/0	·22 D.		
3. PLACE IN BAL	FICA	ATROOFITA	AME	NOED DEAD DEAD DEAD	4. USUAL RESIDENCE (When	re deceosed lived. If i	nstilution: residence	before odmission		
HOSPITAL OR INSTITUTION	Man	or loca		P 9-19-69	C. CITY OR TOWN	D. IN	YES YES	NO 🗌		
Let				,	6024 Fall	Kink K	0.			
5. SEX M	6. PACE		WIDOWED	NEVER MARRIED DIVORCED	/- Carlos Ara / Carlos Sain	9. AGE (In years last bighday)	If Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min.		
tOA. USUAL OCCI	UPATION (Give k working life, even	if retired)	OR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF	WHAT COUNTR		
Asst. D		Trans	. Balto	. Co. Schools			US	SA.		
	we rland Do	novan			Erma Bollir					
15. Was Deceased			es?	1 6. SOCIAL	17. INFORMANT		ADDR	ESS		
Yes, no or unknown	(If yes, give w	or or dotes		SECURITY NO. 220-18-3230	Mrs. Mary E. Do	onovan	Same			
18. / /)	9			CAUSE OF DEAT	H			XIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY									
(This does n	(This does not meen the mode of dying, e.g.,									
injury or com	asthenia, etc. plication which	It means to a caused o	he disease, leath.)	20210,000						
	ANTECEDENT			(B)						
rise to the	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: UNDERLYING CONDITION lost. (6)							.a		
	UNDERLTING CONDITION lost. (C)									
	ICANT CONDITION H BUT NOT RELA	ONS CON	TRIBUTING							
DISEASE OR C	ONDITION GIVE	98 COND	1 (A). ITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSI	DERED		
DISEASE OR CO		WAS PERFO	RMED		100	IN CERTIFYING CA	USES OF DEATH?			
OR CONTRIBU	TO WAS UNDER	RLYING [21 B. I home etc.)	PLACE OF INJURY (e.g., I of farm, factory, street, o	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimo	re City, give exoct	locotion)		
OF INJURY	(Month) (Doy	(Yeor)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
(APPROX.)			WORK			60	0/	6		
				e deceased from	6	9to	9/10	19		
// .	last saw the				19and the	at in (my) (our) op	Intan death occu	urred an the do		
23A. SIGNATU		ises state	d abave. (I)	(We) (did) (did_not) v	lew the body after death.		DATE SIGN	ED.		
Mu	18 De	26h		Dh.	nding Med.	Staff Phys.	238. DATE SIGN	el 69.		
23 C. PHYSICIA	N'S (pe)	RIB	EIKO	MIS	Cur'us Men	niac /	Los.			
24A. BURIAL CRE/ REMOVAL (S	MATION, 248.	DATE	24C. NA	ME of CEMETERY OF CRI	MATORY 24D. LC	CATION (C	ity, town, or county	(Stote)		
Burial	9/	/13/69	Blu	e Ridge Ceme	tery	hurmont Mar	yland			
SEP 1			E. Jabe	F REGISTRAR	25C. FUNERAL DIRECTOR	ick Inc. 530		Rd. 212		
VS 150-REV. 1/1/6										

VS 150-REV. 1/1/68



9	K-260 69 90	100	HEALTH DEPARTMENT	REG. NO.	69	9000
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00	JU00
	NAME OF DECEASED		2. DATE	ND HOUR OF DEATH		
	KEIZER, GE	ORGE	SEPT	.EMBER 14,	19691	4:30RN
	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (WI A. STATE B. COU	ere deceosed lived. If in	stitution: reside	nce before admission)
H	ILL NAME OF (IF NOT IN HOSPITAL OR II SPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MD	BALTIMORE		5300
11, "	ST AGNES HOSPITAL		C. CITY OR TOWN	D. INSI	DE CITY LIMITS	
\mathbb{L}	WILKENS & CATON AV	FC	BALTIMORE E. STREET AND NUMBER		YES	NO 💢
17	BALTO. MARYLAND	21220		RIA DR.		
5.		RIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	T 12 45 1 2 2	
	MALE WHITE WIDO	WED DIVORCED	09/03/98	last birthdoy)	Months Day	r. II Under 24 Hrs. S Hours Min.
10.	USUAL OCCUPATION (Give kind of work 108, KIN during mast of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or los	eign country!	12. CITIZEN	OF WHAT COUNTRY?
1100	e during must of working life, even it felifed)	CUMPANY	NEW LED		1	JSA
и—	FATHER'S NAME	MAMOUNT PACKT	NG NEW JER			JSA
			WAIDEN N	MATE		
15	TUNIS KEIZER		BRANDT, MAI	RY		
(Ye	Was Deceased Ever in U. S. Armed Forces? s,na or unknown) Uf yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADI	DRESS
	UNKNOWN NO	078 10 686	ST AGNES I	HOSP. RECOR	20.9	
Г	18. 1 2 5 Y	CAUSE OF DEATI		TOST . NECON		PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		7.	1111	BETWE	EEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE MYOCALDE	I Supertu	2	
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the disc	9.0	A CONSEQUENCE OF:	1 Jugarence		
	injury or camplication which coused death.)	111		1 14 11		
	ANTECEDENT CAUSES	of Wenoc	reremona of Pr	state - USA	inc	
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	July Collins	77	
	rise to the above cause (A) stating UNDERLYING CONDITION lost.		U		()	
	11	(C)	******************************	***************************************		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG				
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL	***************************************			
ERTIFICATION	19A DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE F	INDINGS CON	SIDERED
ERT			110	IN CERTIFIING CAU	ISES OF DEAT	н
C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foclory, street, off	or obout 21C. WHERE DID	(If In Boltimore	City, give exact	ct location)
CA	DEATH (notify medical examiner)	etc.)	in one of the original origin			
MEDI	21D-TIME (Month) (Doy) (Yearl (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?		
Ş	(APPROX)	While At Not While				
	22 1	Work L At Work				
	22. I certify that (1) (this hospital) attend	ed the deceased from All		19 69 to SEP		
	that (N) (we) lost saw the deceased alive		4 19 69 ond th	nat in (my) (our) opin	Ian death oc	curred on the date
	and hour and fram the couses stated abay	o. *(1) (We) (did) (did xox) vi	ew the body after death.			
	23A. SIGNATURE	1111			238, DATE SIG	NED
	Haven 11. 8/1	DEGREE Phys.	ding Med.	Shoff Phys.	SEPT	14 1969
	23C-PHYSICIAN'S NAME (Typel	DEDREE	3D. ADDRESS		200	
	PARTIES - PARTIES -	MD . DEGREE	CT ACNEC HOC	BALTO.,		
24/		DECREE			KENS &	
6	URIAL 9-17-69 1	VADALALIAN PEN	AETERV M	ALTIMARE	M	10
25/	DATE REC'D BY HEALTH DEPT. 258-NA	AE OF REGISTRAR	25C, FUNERAL DIRECTO	14/19UKF	/*/	DDRESS
	SEP 15 1969 Vale & Val	ser, M.D.	WEBER FUMER	Al HAME FULL	TO be see	Can A. / =
VS	160 PEV 1/1/48		THE DESTRUCTORY	15/10/11/5/5/1/1	WMONDS	SON AVE

there is the properties on the second of the second

	rred in a hospital and suting cause of death led cause; (5) Deceased ar attendance on the prior to death. Such	ODDER SI HOLLISON SI LE CONTROL DE LE CONTRO
	if death occursor or contribited by Undetermin Was in regu	E SI HOLLISON
MPORTANT	his assistant so, if the direct of any kind; (4 unced death tendance on the direct dir	15 (7
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such	Menter before the remains of the second states of t
	this certificate must be he body was released hows: (1) An accident was D.O.A. at a hospite leceased prior to death	24
	This certhe bod shows: was D.	2

1	W-436 69	000=	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000	
	0.436 63	9087	CERTIFICA	TE OF DEATH	REG. NO	69 9087	
	RTH NO. NAME OF DECEASED						
	ype or Print) WILL 1 AU	() ()	7100	2. DATE AND	HOUR OF DEATH	,/ 1	
3.	PLACE IN BALTIMORE, MARYLAND, V	WILL BOOK	TERS	4	114/69	4.20 A	M.
"	THE IN BASINGER MARIEARD, Y	AHEKE PKONO	UN CED DEAD	A. STATE B. COUNT	deceosed lived. Il ins	titution: residence before admiss	sion)
E	ULL NAME OF (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MD.		2636	
ίÑ	OSPITAL OR ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. INSID	DE CITY LIMITS?	
ľ	4			BALTO.		YES NO	
5	CHURCH HOME	¿ HO	SPITAL	E. STREET AND NUMBER			
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71140	6711 GRA	CELAND	AUE.	
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.			Hes.
	M W	WIDOWED		7-13-00 0	st birthdoyl a	Months Doys Hours Min	n _e
10/	A. USUAL OCCUPATION (Give kind of world			11. BIRTHPLACE (State or former	6	120 017751 07 121 12	
do	ne during most of working life, even if refired)			to any and a fall of foleigh	Country	12. CITIZEN OF WHAT COUN	4TRY?
	FIREMAN			HD.		U.S.	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM		<u></u>	
	HENRY WA	LTE	D <	1 F. A) A	SCHU	177	
15.	Was Deceased Ever in U. S Armed For s, no or unknown) (II yes, give wor or date	ces?	1 6. SOCIAL	17. INFORMANT	Schu	ADDRESS	
(Ye		s of service)	SECURITY NO.			WDDK522	
_	NO		217-34-59	38 SOPHIA WAL	TERS 671	116RACELANDA	2115
	18. / 62./		CAUSE OF DEATH	((/ / / / /	,,,,	APPROXIMATE INTERVA	AL
	DISEASE OR CONDITION DI	RECTLY		Den		BEIWEEN ONSELAND DE	EATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE KESPIPATO	RY FAIL	ure	
	(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g.,		CONSEQUENCE OF:			HON
	injury at camplication which caused	deoth.)					
	ANTECEDENT CAUSES		BRAN	CHO LENIO.	AA LIETA	c+11-10 2 1/2 14.	
	DISEASES OR CONDITIONS, if	any. divina	(B) DUE TO, OR AS	CHOGENIC OF:	CA MCIA	21HILE 3 10 mg	75.
	rise to the above cause (A)	stating the					
	UNDERLYING CONDITION last.		(C)			**********	
z	11						
õ	OTHER SIGNIFICANT CONDITIONS CONTOUT TO THE DEATH BUT NOT RELATED TO THE	NTRIBUTING					
Z	DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).	***************************************				
ERTIFICATIO	19A-DATE OF OPERATION 198 CON	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?	
ERT					at CERTIFIED CAUS	SES OF DEATH!	
Ü	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218,	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(II In Baltimore	City, give exoct location)	
Z V	DEATH (notify medical examined)	etc.)		ar and a decorpt			
	21 D. TIME (Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?		
٤	OF INJURY (APPROX.)		le At Not While				
		Worl					
	22. I certify that (I) (this hospital		e deceased fram	1 13 19	69 ta	9/14 19 6	9
	that (1) (we) last saw the decease	d alive on	9/14	19 69 and that	In (my) (qur) apinio	an deoth occurred on the d	
	and have and from the couses stat	ed obave. (I)	(We) (did) (did not) vi				
	23A, SIGNATURE			on the bady offer death.	10	38, DATE SIGNED	
	Corazon 2. Ve	uaare.	A . D. Atten	ding Med. Sk		1	
	23C.PHYSICIAN'S	0		Director Ph	ys. D	Pept. 14, 1969	8
	NAME (Type)	1-0-	2	BD. ADDRESS	1	0 -	
	CORAZON Z.	ERGAR	A M.D.	100 n. Broadu	my Gal	timore and . In	1
244	REMOVAL (Specily) 248. DATE	24C.NA	ME of CEMETERY OF CREA	AATORY 24D. LOC	ATION (City.	town, or county! (State)	()
1	7/18/11 Q-111	0 114	1119 achtu d	m141 m11.	Waa e e e	AA regite a si to	
254	A. DATE REC'D BY HEALTH DEPT.	258 NAME O	PROSHRY C	25C. FUNERAL DIRECTOR	VALIS	MAKYLAND	
	SFP 1 5 1969 Robert E					ADDRES2	
Ve	150-PSV 1/1/69		,	JOHN M WEBER+	SONS INC 401.	S.CHESTER ST	
4.9	129-REVA 1/1/08						



Charles S. Springate, M.D.

25B. NAME OF REGISTRAR

EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT

REMOVAL (Specify) Burial

VS 151-REV. 1/1/6B

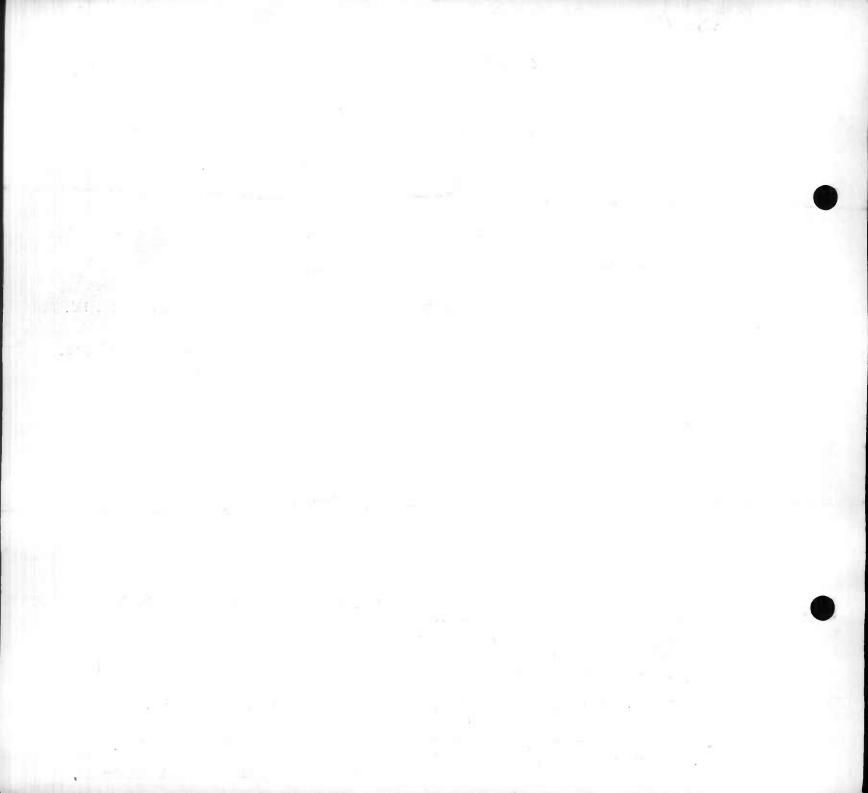
24B. DATE

9-15-69.

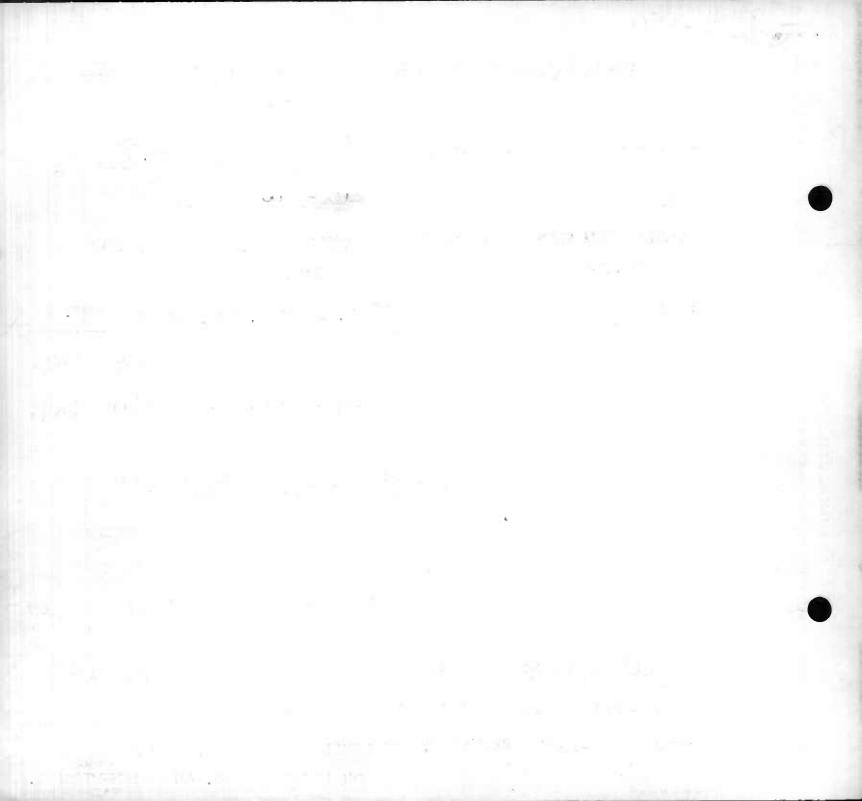
ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER September 11, 1969 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, ar caunty) Oak Lawn Cemetery 7225 Eastern Blvd., Ba. Co., Md. 25,C. FUNERAL DIRECTOR Conkling St. Balto., 21224, Md.;

0 8000,00,450 A BUILT . I T William . Interest .ev. worthoursell Baddlad va tolicant ATOMICAL DELICATION TO THE CORNER OF THE COR o ell 3, el p., mel.

VS 150-REV. 1/1/6B



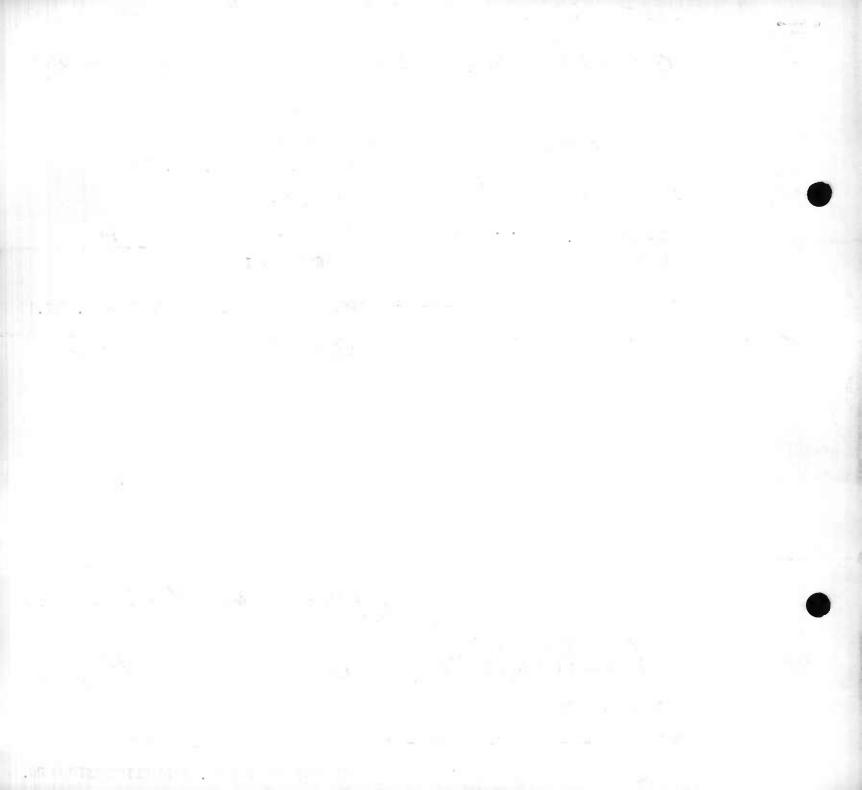
1	/ JE/\ 69 0000	BALTIMORE CITY	HEALTH DEPARTMENT		00	0.0.0.0
	7-900 00 3030	CERTIFICA	TE OF DEATH	REG. NO.	69	9090
	RTH NO. NAME OF DECEASED			HOUR OF DEATH		
(T	ype or Print) PHILL PLOUTS &L	3UY-	9-11	TOUR OF BEATH	12!	151
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Where	deceosed lived. If institution	on: residence h	efore admission
			A SIAIE & COUNTY		2	NA.
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO ADDRESS OR LOCATION)	N, GIVE STREET	MARYL		de	130
11	ISTITUTION		C. CITY OR TOWN	D. INSIDE CI		
1	15 NM HOSPITT	4	E. STREET AND NUMBER	ZE YES	NO.	о <u> </u>
0				ARKS APT.	LAN:	F# 15
5.	SEX 6. RACE 7. MARRIED []	AEVED MADDIED				0
	MAIF WHITE WIDOWED	DIVORCED		st birthdoyl Mon	Index 1 Tr. 18	f Under 24 Hrs ours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS		11. BIRTHPLACE (State of foreign	7 C	CITIZEN OF W	
do	ne during most at working life, even it refired)		The Principle of tolorgi	12.	CITIZEN OF W	HA! COUNTR
	LADIES RETAIL STORE RETA	IL STORE	RUSSIA		USA	
ی ر	FATHER'S NAME	27-0-	14. MOTHER'S MAIDEN NAME			
	SIMON KLYNE		ZELDA ?			
15.		SOCIAL	17. INFORMANT		ADDRESS	
	I ARMY	SECURITY NO. 7/35 A	Upo ororus		AD	ת ח
_	18. 4 / 2 9	CAUSE OF DEATH	MRS. CECELIA L.I	(LYNE, 3312 CI		MATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	CHOSE OF DEATH				NSET AND DEAT
	LEADING TO DEATH		RESPIRATORY	IN SUFICIEN		DALL
	(This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	7.000408	247	vay 5
	heart taiture, asthenia, etc. It means the disease, injury or complication which caused deoth.)	, , , , , , , , , , , , , , , , , , , ,	TOTAL GOLITCE OF		1	
	ANTECEDENT CAUSES	(ZELPIR STORY	0.01 - 5.4.4	113 "	DALL
	DISEASES OR CONDITIONS, if ony, giving	(B)	A CONSEQUENCE OF:	OSSTRUCTI	oh -	<u>D495</u>
	rise to the above cause (A) stating the	DOL 10, OR AS	A CONSEQUENCE OF:			,
	UNDERLYING CONDITION last.	(c)	***************************************			
z	11					
ATIOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	1 Nepl	osis @ Mia	Alema Gra	aris	
S	DISEASE OR CONDITION GIVEN IN PART) (A).	Mack	o literatural b	Erochina -	***************************************	***************************************
CERTIFIC	WAS PERFORMED	H OPERATION	20A. AUTOPST? (Yos or No)	OB. IF YES, WERE FINDIN	GS CONSIDER	RED
CER	21A. ACCIDENT WAS UNDERLYING 7	CE OF INTURY (o. c. In		W		
A	21A. ACCIDENT WAS UNDERLTING 21B. PLAY OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examine) etc.)	m, foctory, street, off	or about 21 C WHERE DID	(If In Boltimore City,	give exoct loca	tion)
υ						
MEDI	OF INJURT	IRT OCCURRED	21F. HOW DID INJUR	OCCUR?		
<	(APPROX.) While At	Not While				
	22. I certify that (1) (this hospital) attended the de		8-2-69 10	69 to 9-	11	10 69
	that (1) (we) last saw the deceased alive an	9-11				19 67
		A (4) 4) (1) 1		in(my) (aur) apinian d	leath accurre	d an the date
	and haur and fram the causes stated above. (1) (We	(did) (did not) VI	ew the bady after death.			
	100000	MS Atten	ding Med. Sta		DATE SIGNED	0
	THE BHYSICIANIS	DEGREE Phys.	Director Phy	7	-11-6	9
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	// ^ -		
	MUBEN DELLAN	DIC PEGREE	SUND!	HOSSIT	AC	
4/	REMOVAL (Specify) 248. DATE 24C. NAME	OI CEMETERY OF CREA	AATORY 24D. LOCA	ATION (City, town	n, or county)	(Stote)
		KXXXXXX BNAT	ISRAEL BALT	THORE HADILA	ND	
25/	A DATE REC'D BT HEALTH DEPT. 258, NAME OF RE		25C. FUNERAL DIRECTOR	IMORE, MARYLA	ADDRES	22
1	CIP 1 5 1969 (B. Band C. Jandier, Acid		SOL LEVINSON &	RROS ANIN DE		
/5	150-PFV- 1/1/68		JOUL LLVINSUN G	DRUS. BUIL KL	TOLLINI	OWN NV.



SOL LEVINSON & BROS. 6010 REISTERSTOWN RD.

IMPORTANT

DIRECTOR:

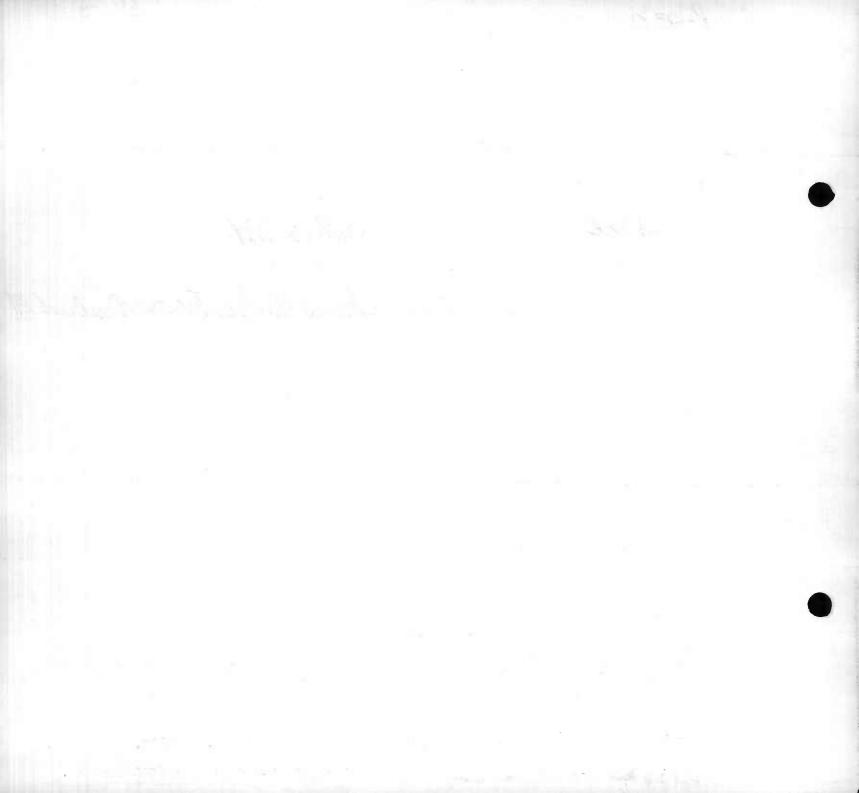


IMPORTANT

DIRECTOR:

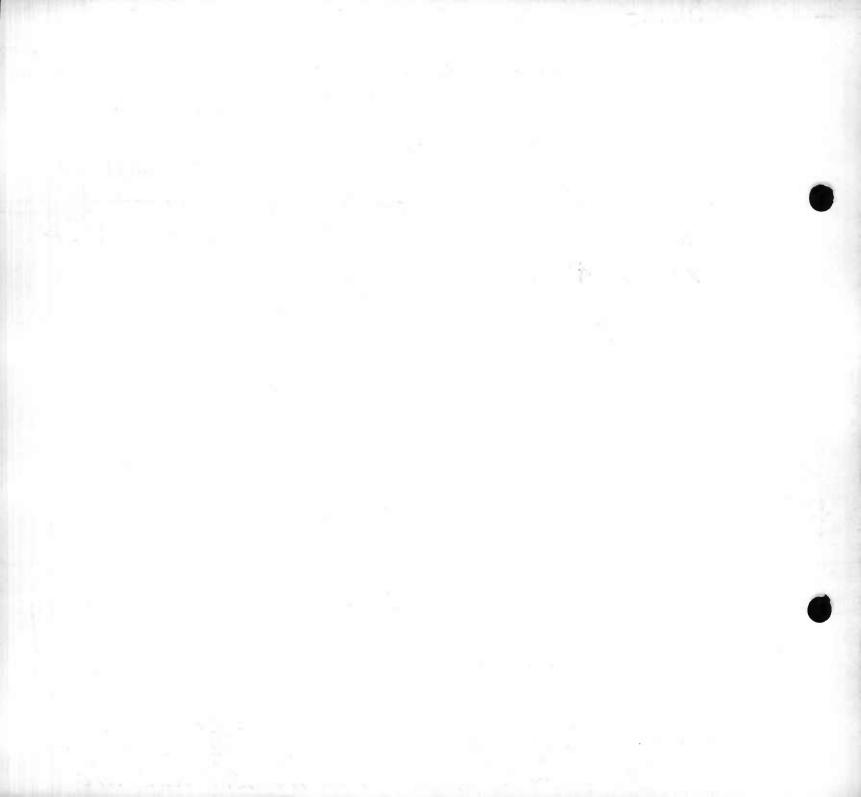


VS 150-REV. 1/1/68



ath the the	BIRTH NO.	69 9094	BALTIMORE CITY CERTIFICA
oital and of death Deceased on the ath. Such	I. NAME OF DECEASED Type or Print)	DANG	ED VAT
of of Dec	3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONOU	NCED DEAD
se (5) de	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS C	HOSPITAL OR INSTITU	TION, GIVE STREET
70.	8 University	oftaryl	and Hospita
occurre contribut regular regular eased p	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED
leath occurred or contribution in determined s in regular deceased prition is made.	OA, USUAL OCCUPATION (Give kin lane during mast of working life, even if	d of work 10 B, KIND OF (BUSINESS OR INDUSTRY
∓ 9€ ≯ ± g	3. FATHER'S NAME	Pussell	′
0 20 -	5. Was Deceased Ever In U. S. Ar (es, na or unknown) III yes, give was	med Forces?	6. SOCIAL SECURITY NO.
or his assist Also, if the e of any kir nounced de attendance med or fina	18. DISEASE OR CONDITI	ON DIRECTLY	CAUSE OF DEATH
II	LEADING TO ((This does not mean the m heart failure, asthenia, etc. It injury ar camplication which	DEATH ode of dying, e.g., means the disease.	(A) IMMEDIATE CAU DUE TO, OR AS A
xan xan xan wh wh	ANTECEDENT OF CONDITION AND CONDITION IN CON	S, if any, giving e (A) slating the	(B)
f medical e medical e y burns; (3 physician ian was ir	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT	ED TO THE TERMINAL	(0)
ne chief me by a mec 2) Body bu re the phy physician fore the re	19A. DATE OF OPERATION 119	I IN PART 1 (A). B. CONDITION FOR WHAS PERFORMED	IICH OPERATION
by the cl pital by re; (2) B where th No phy d before	21 A. ACCIDENT WAS UNDERLOOP OR CONTRIBUTING CAUSE	OF home.	ACE OF INJURY (e.g., in form, foctory, street, aff
roved by the hospital by nature; (x xcept where and (6) No btained between	21D-TIME (Manth) (Doy) OF INJURY (APPROX.)	While Work	At Work
approve to the h of any n al (excel h); and be obtai	22. I certify that (1) (this hat that (1) (we) last saw the de		deceased from
dent of death must be	and have and from the cause	es stated above. (1) (We) (did) (did not) vi
must be released accident a hospit r to deat val must	23A. SIGNATURE	ony als	Atten Phys.
y was rely was rely. (1) An acc. 3.A. at a ad prior to approval	23C.PHYSICIAN'S NAME ITypel	HAN	DEGREE
This certifithe body shows: (1) was D.O.A deceased written appropriate the control of the control of the certification of the certifica	DURING 9/1	6/69 Ces	AB A HILL
This certhe bod shows: was D.C decease written	EP 1 5 1969 Table	E. Janey M.	REGISTRAR
7	150-REV. 1/1/68		

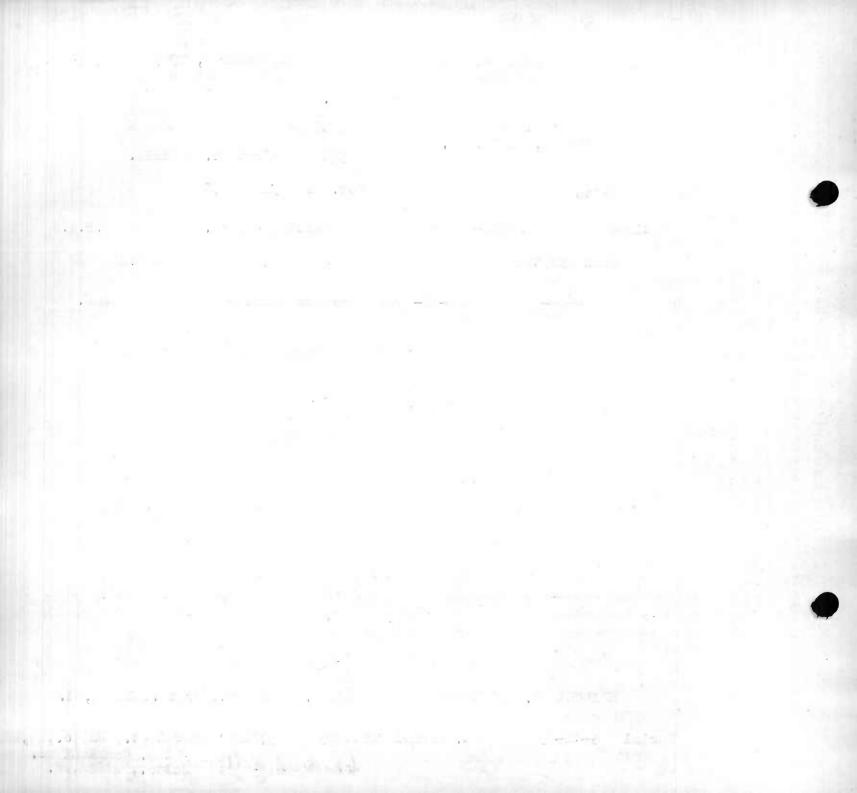
	() = 6 5 1 60 QAQA	Y HEALTH DEPARTMENT A TE OF DEATH REG. No. 69 9094
	BIRTH NO.	ATE OF DEATH REG. No. 03 9094
	1. NAME OF DECEASED (Type or Print)	HRYN 2. DATE AND HOUR OF DEATH Sel Jennies 12/69: 338
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	222 Franklintown Road 100
-	811 Wante of Manife 110 1	Baltimore YES NO
de.		LE. STREET AND NUMBER Planklin town Road
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 1	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months Days Haurs Min.
on is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	
Sifi	HOUSEWIFE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	PERRY RUSSELL	Blowche Hill
8	15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or upknown) II yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17 INFORMANT ADDRESS
r in	18. / S A CAUSE OF DEAT	145-21.62
o pe	DISEASE OR CONDITION DIRECTLY	Terminal phase BETWEEN ONSET AND DEATH
E	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUETO, OR AS	JSE OL TOTASTATIC A CONSEQUENCE OF:
embal	injury ar complication which caused death.)	Cancer of ovary
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
ns are	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:
remains	z 11	
re	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
e the	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199- DATE OF OPERATION 198- CONDITION FOR WHICH OPERATION WAS PERFORMED 21A- ACCIDENT WAS UNDERLYING 1 21R-PLACE OF INLUST (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
~ 11	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in local contributions) 21B. PLACE OF INJURY (e.g., in local co	n or about ZIC. WHERE DID (If in Boltimore City, give exact location) fice bldg., INJURY OCCUR?
0	210. TIME (Month) (Doy) (Year) IHour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
e 11	(APPROX.) Work At Work	· U 1 0 1/2 0
De o D	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an	19 to 3 19 19 19 19 19 19 19 19 19 19 19 19 19
11	and haur and from the causes stated above. (i) (We) (did) (did not) v	lew the bady after death.
approval must	23A. SIGNATURE STUDIE CHAS	nding Med. Shoff 238 DATE SIGNED
Lova	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
ddp	24A- BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY SID LOCATION
rirren	BURIA 9/16/69 Cedas Hill	AAATORY 24D. LOCATION (Store) (Store)
N. L.	SFD 1 5 1969 James E. Jakes OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	2[LT] 1900 1400 L	MULLONING 130E TORT HIVE.



Such

1. NAME OF DE		O DOT			ND HOUR OF DEATH	0 # 10 D
			ACHTER		mber 9, 196	
3. PLACE IN BA	ALTIMORE, MARYLAND, V	WHERE PRONOU	INCED DEAD	A. STATE B. COUN	ere deceosed lived. If in NTY	stitution: residence before odmissi
FULL NAME O	F (IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Md.		2,609
HOSPITAL OR	ADDRESS OR LOC			C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
00	3410 Ellic			Baltimore		YES NO
	Baltimore	, 21224	, Md.	E. STREET AND NUMBER 3410 Ellio	++ 0+ 1/ 27	204
	1	1-			tt St. # 21	
. SEX	6, RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdox)	Months Doys Hours Min
Male	White	WIDOWED		Oct. 1, 1892	10	
	of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUN
Re	tired	Brick-	-Layer	Baltimore	, Md.	U.S.A.
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN NA	ME	
	John Wach	ter		Kathe	rine Schoeb	erlein
5. Was Decease	ed Ever in U. S. Armed Fo	orces?	16. SOCIAL	17. INFORMANT		ADDRESS
No No	vn) (If yes, give wor or dot	es or service/	SECURITY NO. 214-01-4596	Barbara Wach	ter	Same.
18, /	2 1 .		CAUSE OF DEAT			APPROXIMATE INTERVA
rise lo l	OR CONDITIONS, if	ony, giving		A CONSEQUENCE OF:	2. V.	10-1-68
rise to the UNDERLYIN	OR CONDITIONS, if the obove couse (A) NG CONDITION lost.	ony, giving sloling lhe	(c)		C.V.	10-1-6 8
VO OTHER SIGN TO THE DEL	OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II INFICANT CONDITIONS CONTINUE TO THE CONDITION GIVEN IN PA	ony, giving sloling the ONTRIBUTING THE TERMINAL ORT 1 (A).	(c)	A CONSEQUENCE OF:	2.L	
VO OTHER SIGN TO THE DEL	OR CONDITIONS, if the obove couse (A) NG CONDITION lost. II IIFICANT CONDITIONS CONTINUES TO THE CONDITION GIVEN IN PACTOR OF PERATION 198. CONDITION 198.	ony, giving sloling lhe DNTRIBUTING THE TERMINAL (A). NOTITION FOR W	(C)	A CONSEQUENCE OF:	ol 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
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SE S VS 150-REV. 1/1/6B



M-525	69	0000	BALTIMORE CITY	HEALTH DEPARTMENT		00	
BIRTH NO.	00	9096	CERTIFICA	TE OF DEATH	REG. NO	69	9096
Type or Print)	LLIE G	MANG	11/0		ND HOUR OF DEATH	1211	0.3
3. PLACE IN BALTIMO				4. USUAL RESIDENCE (Who	JEMER 10	11967	8.25PM
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTIO		A. STATE B. COUP	BACTO.	2	7 / ()
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS	5?
LINION	MEMORI	AI HO	SDITAL	BALTIMORE		YES 😿	№ П
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FEMALE /	VHITE	WIDOWED	DIVORCED	8. DATE OF BIRTH 07-15-8/	9. AGE (In years last birthdoy) 88	If Under 1 Months Doy	r. Il Under 24 Hrs. Hours Min.
one during most of working	g life, even if retired)	OB, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN	OF WHAT COUNTRY
3. FATHER'S NAME	11						
				14. MOTHER'S MAIDEN NA			
HORACE	P. on	IEN		EMMA F.	WRIGH	7	
os, no or unknown) (if y	in U. S. Armod Force es, give wor or dotes		SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS
No		MMA	307601938	70-N ELEANO.	R F. HAPPE	L #	ALTO, MD
18. 1 3 6	41		CAUSE OF DEATH	1			PROXIMATE INTERVAL
DISEASE OF	CONDITION DIRE	CTLY			4	BETW	EEN ONSET AND DEATH
LEAD	ING TO DEATH			SE PREMION	1A-		
(This does not m	ean the mode of d	lying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	*****************		
heart failure, asthe	nia, elc. Il means Il lion which caused d	he disease,	DOL 10, 011 A3 1	CONSEQUENCE OF:			
			A = 3	O ATTON) -	-		
	CEDENT CAUSES		(B) H3P1	RATION OF	FOID		
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UNDERLYING CO	ove cause (A) s	slaling the	CERED	RO-VASCULAR	ACCIDE	NT	
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OR CONTRIBUTING	AS UNDERLYING	21B, PLA	CE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Boltimore	City, give exe	ct location)
DEATH inotify medic	col exominer)	etc.)	m, lociory, sileot, or	ice bldg., INJURY OCCUR?			
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[APPROX.]		Work	Not While				
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	saw the deceased			4.4	7 madessage 10 management		
				19and the	ot in (my) (our) apin	ion death ac	curred on the date
and haur and from	the causes stated	d abave. (i) (We) (did) (did not) vi	ew the bady after death.			
23A. SIGNATURE	0		1			238, DATE SIC	NED
- Zu	Qui.	Tel	Dhare	ding Med.	Staff Phys.	_	7-09
23C. PHYSICIAN'S			DEGREE Phys.	Director L.	rnys. —J	1-10	
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	14 24	1 6/7	DEGREE	GINION ME	MURIAL HO	18P.18	ALTO. M
REMOVAL (Specify	N, 248. DATE	24C.NAME	of CEMETERY of CRE	MATORY 24D. LC	CATION (City	town, or cou	ntyl (Stole)
Burial	9/12/1	60 M	- 1 M		. 11		
A. DATE REC'D SY H	ALTH DEPT IN	5B. NAME OF RE	and Memori	al (emeteri Ba	/ / •	ruland	
3 TD 4 - 4000	0 .		DISTRAK	25C. FUNERAL DIRECTOR	m	A	DDRESS
SEP 15 MOS	Wobers En	assen AD		John A. Monas	1, Inc. 3000	E. Bal	timore St
150-REV. 1/1/68		The same of the same of	DA.			10/10	

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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV, 1/1/68

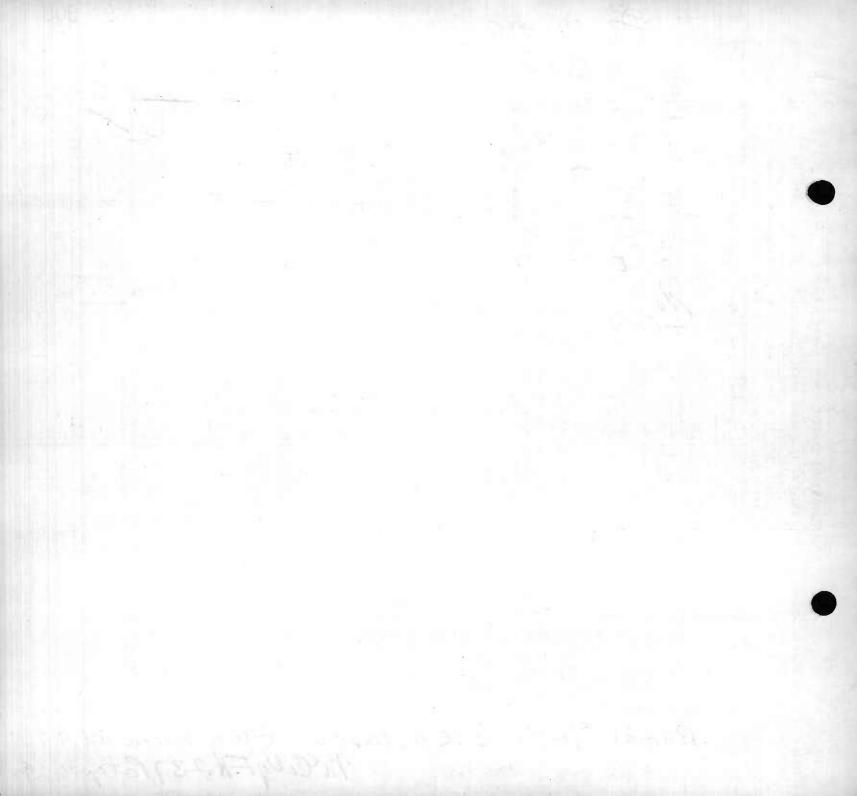
If Under 24 Hrs.

Hours

U.S. A.

BETWEEN ONSET AND DEATH

ADDRESS



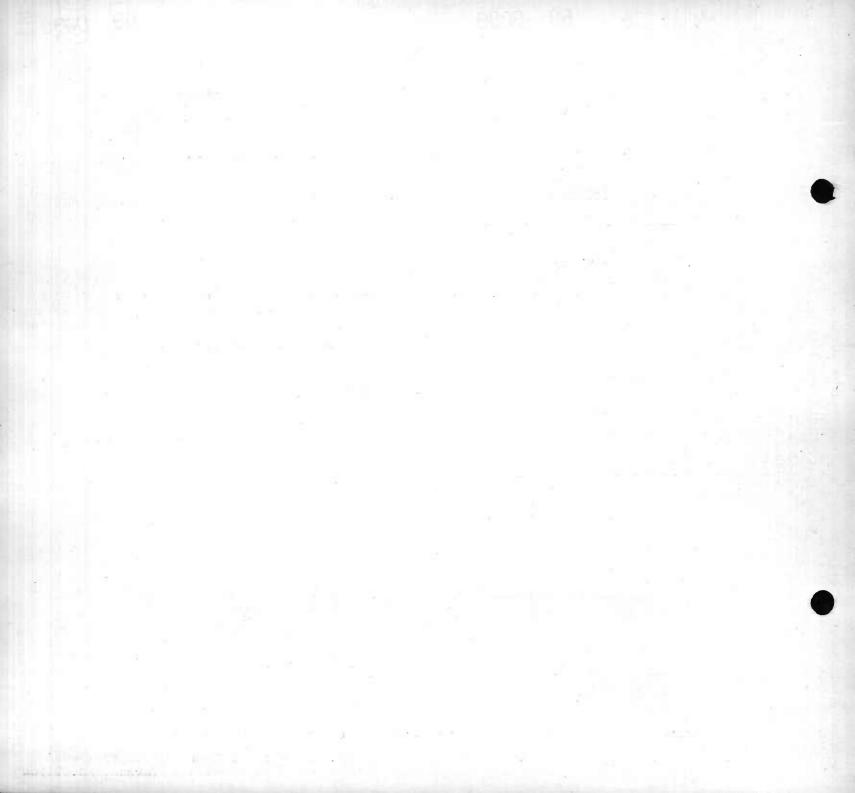
-	7		BALTIMORE CITY	HEALTH DEPARTMENT	0000
1 - 50	\sim 69	9098	CERTIFICA	TE OF DEATH REG. NO	69 9038
BIRTH NO.	00	0000	CLKTITICA		
NAME OF DEC				2. DATE AND HOUR OF DEATH	1
Type or Print)	CLARE	MARIE	JENKINS	9/12/69 47	3 A. M.
. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If A. STATE B. COUNTY	institution: residence before odmission)
					7712
ULL NAME OF	ADDRESS OR LOC	ITAL OR INSTIT	UTION, GIVE STREET	Maryland	CIDE CITY LIMITED
STITUTION	THE STATE OF THE S				SIDE CITY LIMITS?
	007 344	Tales Ass		Baltimore	YES X NO
20	907 West	Lake Av	enue	E. STREET AND NUMBER	
				907 West Lake Avenue	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	II Under 3 Yr. II Under 24 Hrs. Months Doys Hours Min.
Female	White	WIDOWED	DIVORCED	Aug. 21, 1883 86	
			BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
ne during most of	working life, even if retired)			***
NONE				PIkesville, Balto. Co., Md	• USA
FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME	
				*** * * * * * * * * * * * * * * * * * *	
James	Simpson Whe	dbee	1 6. SOCIAL	Elizabeth Manly	ADDRESS
es, no or unknow	(II yes, give wor or do	tes of service)	SECURITY NO.	Son	7001133
No			218-48-2260	M. Ernest Jenkins, Jr. 90	7 W.Lake Ave. 21210
18. / /.	7 4 1		CAUSE OF DEAT		APPROXIMATE INTERVAL
170	CE ON COMPLETION D	NACTIV			BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION D			Co. O. Sie	C. G
(This does	nal mean the made o		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	
heart failure,	asthenia, etc. Il mean	s the disease		A CONSEQUENCE OF:	2 2 2 3 3 3
injury or car	mplication which cause	ed death.)		1. 1. 1 D DATE	
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DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	
	e abave cause (A				
UNDERLYIN	G CONDITION last.		(C)	***************************************	
	- 11				
OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING			
TO THE DEA	TH BUT NOT RELATED TO				
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	WAS PE	ERFORMED		IN CERTIFYING C	AUSES OF DEATH?
TO THE DEA DISEASE OR O	NT WAS UNDERLYING	[21]	B. PLACE OF INJURY (e.g.,		ore City, give exoct location)
OR CONTRIB	UTING CAUSE OF	hor	ne, lorm, loctory, street, o	office bldg., INJURY OCCUR?	
DEATH (notif	y medical examiner)	etc	٠,		
21D.TIME	(Month) (Doy) (Yeo	r) (Hour) 216	INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY		W	hile At Not Whi		
1		W			
22. I certify	that (1) (this hospit	ol) ottended	the deceased from	19,5\subset to	19.) 9. 65
that (1) (we) lost sow the deceo	sed olive on.	Sp 10	19 6) and that in (my) (our) o	pinion death occurred on the dote
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		toted obove.	1) 4#e) (did) (410 1101)	view the body ofter deoth.	OOD DATE CICHED
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23C. PHYSICI.	Type)	60 1	2 211	IRE FLOZIT C	+ 2 17 x7
	NACI	T/L 1	J. 13 UC C DEGREE	100 64 9610 0	1 -1200
AA. BURIAL CR	EMATION, 248. DATE	24C. N	AME OF CEMETERY OF CE	EMATORY 24D. LOCATION	City, town, or county) (Stote)
BURI		/69	Now Cathodre	al Cemetery Baltimore, M	(arvland
					ADDRESS
5A. DATE REC'I	BY HEALTH DEPT.	2 20	OF REGISTRAR	2SC. FUNERAL DIRECTOR	
SEPIE	1959 KoBers	E Jashe	of Man .	STEWART & MOWEN CO.108	W.North Av., City
	// 8			11 0 - 2 - 2 - 1	



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L	N-340, 69	0000	CATE OF DEATH	10. 69 9099 4
	HNO. 64-11048 AME OF DECEASED OF Print) BABY GIRL T	VADDELL, CAROLYN	2. DATE AND HOUR OF D	DEATH
	21121 01101		JEAN 9/10/69	10:43 A.M
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUNTY	
HO	L NAME OF (IF NOT IN HOSPIT. SPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland Baltim	ore 5300
INS	TITUTION		Essex	YES NO
0	0		E. STREET AND NUMBER	
5.	3 The Johns Hopki	ins Hospital	1607 Dartford Rd.	21221
5. S	EX 6. RACE	7. MARRIED NEVER MARRIED		rs If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	emale A.	WIDOWED DIVORCED] 9/9/69 —	14 33
	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
			Maryland	USA
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
D	.Clinton Waddell		Virginia Rose St	urgil
S. V	Vas Deceased Ever in U. S. Armed For no or unknown) (If yes, give wor or dote	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
-		SECONITI NO.	Darrell Clinton Waddell	, Same as # 4
	18.	CAUSE OF DI	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Z	DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CO	stoling the (C).	PDXIA,1?CEREBRAL A RAS A CONSPONENCE OF: CLINE MEMBRANE	
ATIC	TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL		
	19A-DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	NO 20A. AUTOPSY? (Yes of No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet)	21B. PLACE OF INJURY (e home, form, factory, stree etc.)	.g., in or obout 21 C. WHERE DID (If in E	Boltimore City, give exoct location)
۵	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Work At W	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this haspital		9/9 1967 10	9/10 19 67
	that (1) (we) last saw the decease	01/10	1 3	ur) apinion death accurred on the da
	and haur and fram the causes stat	and the same of th		., ., ., ., ., ., ., ., ., ., ., ., ., .
	23A. SIGNATURE	ica abave: (i) (ii e) (ala) (ala ila	17 View file budy difer dedili.	23 B. DATE SIGNED
	Porno n.	Do to	Attending Med. Staff Phys.	9/10/10
	23C. PHYSICIAN'S NAME (1/200)	OEGREE OEGREE	23 Ø. ADDRESS	17/0/07
	Douglas B. Pet	DEC	The Johns Hopkins	
-	REMOVAL (Specify)	24C. NAME of CEMETERY OF		(City, town, or county) (Stote)
		969 Baltimore Natio		
25 A	DATE REC'D BY HEALTH DEPT.	25B NAME AT REGISTRAR	Wm. Cook-Brooks Towso	on, 1050 York Road

Wm. Cook-Brooks Towson, 1050 York Road 21204 Towson Md.



T165	69 9100	BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	93 3700	CERTIFICA	TE OF DEATH	REG. NO	69	9100
1. NAME OF DECEASED (Typo or Print)	5. FRANCH	<u></u>	2. DATE AN	O O O DEATH	t	11 40
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Who	to deceased lived. If in	stitution: residenc	o before odmission
FULL NAME OF (IF NOT HOSPITAL OR ADDRES	IN HOSPITAL OR INSTITUTIONS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	/	IDE CITY LIMITS?	703
UNION MEAN	ORUL HOS	PITAL	1244 MOR		YES	NO 🗌
74 3:	3RD V CALVER		E. STREET AND NUMBER 3631 4114	BEE ROSE	9	
5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. Months: Doys	If Under 24 Hrs Hours Min.
M CAUCAS	MIDOWED D	DIVORCED	8/8/06	last birthday)	Monins	nours Min.
10A. USUAL OCCUPATION (Give	kind of work 108, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF	F WHAT COUNTR
RETIRED	n it tellted)	Beth. Steel	MD.	•	USi	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
JOHN FREN	CH		Edith - C	mino/a		
15. Was Decoosed Ever in U. S. (Yes, no or unknown) (If yos, give		SOCIAL	Edith S	wingley	ADDR	273
N _O (res, no or unknown) (if yos, give	war or dolos of service)	13-07-6969	Mrs. Marilyn			
18. 18 K Y		CAUSE OF DEATH		4	APPRO	OXIMATE INTERVAL
DISEASE OR COND	ITION DIRECTLY	1/2.	ovelagic Grande	o la sell	BETWEER	N ONSET AND DEAT
LEADING TO	DEATH	(A) IMMEDIATE CAU		of municipality	2	
iThis does not mean the heart failure, asthenia, etc.	mode of dying, e.g.,	DUE TO, OR AS A	A CONSEQUENCE OF:	************************		M4000000000000000000000000000000000000
injury at complication whi	ch caused death.)					
ANTECEDENT					- 1	
DISEASES OR CONDITION		(B)	A CONSEQUENCE OF:			
rise to the above co	use (A) slating the	DOE 10, OR AS	A CONSEQUENCE OF:			
UNDERLYING CONDITION	V last.	(c)	***************************************			
_ 11				1/ 0		
OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING			Y,S		
TO THE DEATH BUT NOT RED DISEASE OR CONDITION GIV	EN IN PART I (A).	****************	*************************			************
19A-DATE OF OPERATION	198 CONDITION FOR WHITE WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yos or No.	20B, IF YES, WERE F	INDINGS CONSI	IDERED
21A-ACCIDENT WAS UND OR CONTRIBUTINO CAU: DEATH Inatify medical exam	ERLYING 21B, PLA	CE OF INJURY (e.g., in arm, factory, street, aff	or obost 21C. WHERE DID	(If In Boltimore	City, give exect	location)
O DEATH Industry medical exami						
OF INJURY (Manth) (Do		URY OCCURRED	21F. HOW DID INJ	JRY OCCUR?		
< (APPROX.)	While A	Not While				
22. I certify that (1) (this			0/1	0/14 00	0/0	100
		eceasea fram	1/0	70	9/9	19
that (i) (we) last saw the	(B)	7/9		ıt Mimy (avr) apin	Ian death accu	arred an the date
and haur and from the ca	uses stated above. (1) (W	(did) (did not) vi	ew the bady after death.			
23A. SIGNATURE	0				238, DATE SIGN	ZD CT
1 Charles 1940	Return M	Aften Phys.	ding Med.	Staff Phys.	1/9/	69
23 CPHYSICIAN'S NAME (Type)	1000	PEGNEE	3D. ADDRESS	nys. —	1///	/
NAME (Type	& OY LFGUE	4	Lunar MA	unplu .		
TONAL		DEGREE	UNION ME	11/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	SPITAL	-
REMOVAL (Specify)	/ / .	of CEMETERY of CREA		CATION (City	town, or county	() (Stote)
Burial 191	121'69 Holy 1	Redeemer (e	metery Bal	timore, "a	yland &x	KKKKK
SA. DATE REC'D BY HEALTH E	Bert E Jaber M.	EGISTRAR	25C, FUNERAL DIRECTOR			DRESS
CEP 1 x 1969 CA	But E Varber, M.	U.	John A. Moran	Inc. 3000		imore St.
/S 150-REV. 1/1/68			THE REAL		<u></u>	



NO

USA

ADDRESS

ADDRESS

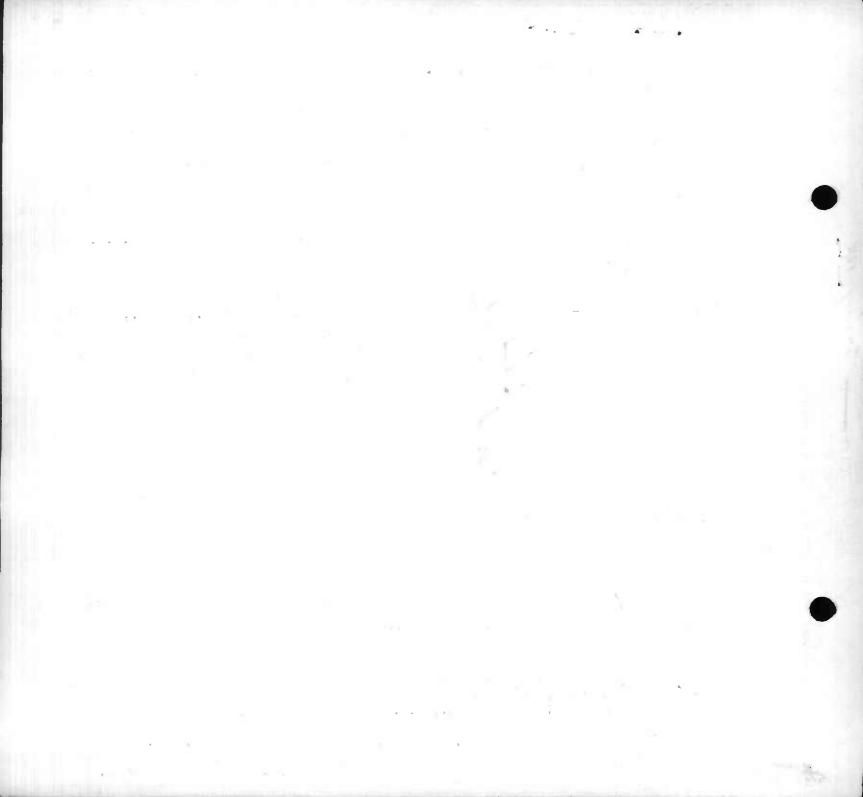
Loring Byers 8728 Liberty Road 21133

APPROXIMATE INTERVAL

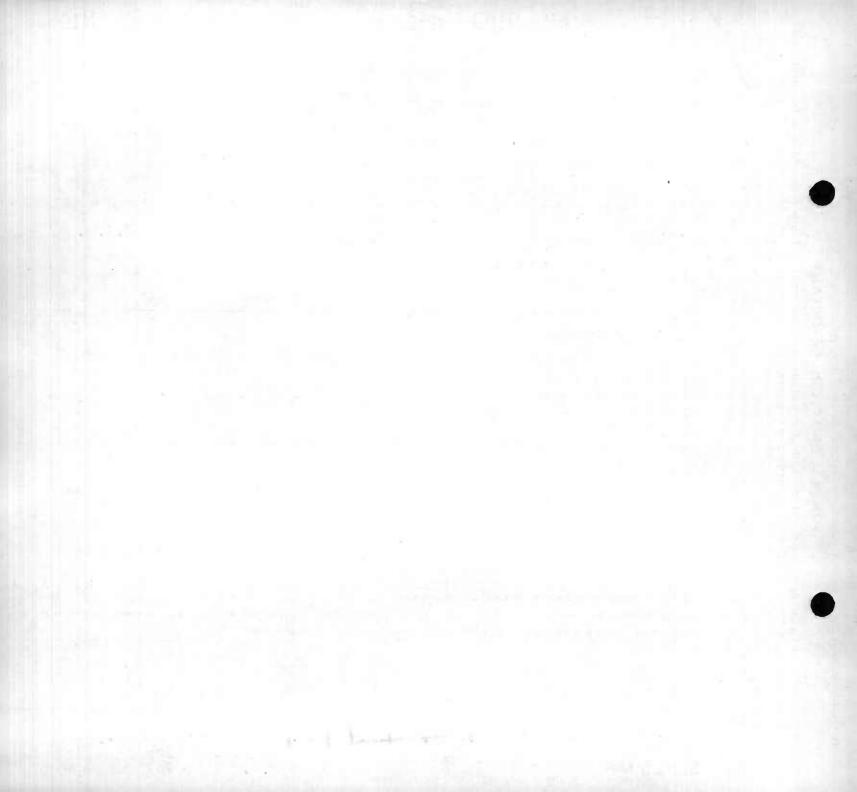
If Under 24 Hrs.

manda Appendix of the contract
SELL real street and stave sales.

1	121			BALTIMORE CITY	HEALTH	DEPARTMENT		6	9	040	0
BIRTH NO.	,00	69 91	05	CERTIFICA	TE O	F DEATH	REG. N	0	0	910	R
1. NAME OF							AND HOUR OF D	EATH			
	DAVIS	. Woodrow V	Vilso	n, Sr.		Sept	ember 11.	1969	1 7	2:00 1	MINOON
3. PLACE IN	BALTIMORE, MAR	YLAND, WHERE PR	ONOUNC	ED DEAD	A. STAT	L RESIDENCE (WI	ere deceased live	d. If institution:	residen	co before o	dmission)
FULL NAME HOSPITAL O	E OF (IF NOT ADDRESS	IN HOSPITAL OR IN	NSTITUTIC	ON, GIVE STREET		Maryland			15	03	
NOITUTIEN		Administra			C. CITY	DR TOWN		. INSIDE CITY	_		
23		Raven Bou			c CYDE	Baltimore		YES	X	№ Ц	
					E. SIKE						
S SEX	6. RACE	Maryland				2512 Bar	clay Stre				
Male	Negro	WIDO	WED	NEVER MARRIED DIVORCED	2/15	/10	9. AGE (In year last birthday)	Month:	er Yr.	If Under Hours	or 24 Hrs. Min.
OA. USUAL C	OCCUPATION (Give	kind of work 10B. KIN	D OF BU	SINESS OR INDUSTRY	11. BIRTH	PLACE (Stole or fo	roign country)	12. CI	TIZEN O	F WHAT	COUNTRY
	sman				77.1 -						
3. FATHER'S		L DT.	OTE	aning	VII	ginia			J.S.	A.	
	ard Davis		. * 2		470,000	mie Davis	AME				
5. Was Doce	nown life was give	Armed Forces? wor or dotes of sorvi	16.	SOCIAL	17. INFOR	MANT			ADD	RESS	
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			SECURITY NO.			spital Re				
Yes	O/3/山	- 2/19/46	1	12-16-8492	390	O Loch Ra	ven Blvd.	Balto	M	2121	8
1	9301	5 4-199	1/3	CAUSE OF DEATH		-1				ROXIMATE II	
	LEADING TO	DEATH	1 3	X		sive pulmo		rrnage			
(This do	es not mean the	mode of dying. If means the dise	5/17	(A) IMMEDIATE CAU	se aur	ing brone	noscopic		mi	nutes	
heart fail	lure, asthenia, etc.	It means the dise	60,	1	CONSEQ	DENCE OF:	examination	on			
milety de	ANTECEDENT	a consea deamin	E J	2							
	ANTECEDENT	-	=								
DISEASE	S OR CONDITIO	DNS, it any, gives (A) stating	ving	DUE TO, OR AS	A CONSE	QUENCE OF:					
UNDERL	YING CONDITION	l last.	2 /	S (C)							
-	11	- (1111	<u> </u>							
E ITO THE D	DEATH BUT NOT REI	IONS CONTRIBUTI	6								
DISEASE	OR CONDITION GIV	EN IN PART 1 (A).	-	7						************	
E S O /	A .	19& CONDITION F			20A. A	UTOPSY? (Yes of N	IN CERTIFYING	VERE FINDING	S CON!	SIDERED 1?	
3 9/-	11/69	Suspec		arcinoma		And the state of t		TIM			
OR CONT	IDENT WAS UNDE	ERLYING []	home, fo	CE OF INJURY (e.g., in	or obout	NJURY OCCUR?	(If In Be	Itimore City, gl			
DEATH (notify medical exami	net	olcy		and a				09	7-0:	2).
OF INJUR	(Month) (Do	y) (Yoor) (Hour)		URY OCCURRED	<)	IF. HOW DID IN	JURY OCCUR?				
(APPROX.)			While A	t Not White	e l						
20.1			AAOSK	AI WORK							
22. I cer	tity that (J) (this	nospital) attende	ed the d	eceased from S	eptem	ber 10th	.19 .69_to	Septemb	er l	1th 19	-69
that (1) (we) last saw the	deceased alive	onS	eptember 11	th_19_	69and t	hat In (my) (our) opinion dec	ath acc	urred an	the date
and hour	and from the ca	uses stated above	. (V) (W	e) (did) (did hot vi	ew the b	ady after death.					
23A. SIGN	ATURE							23B, DA	TE SIGN	NED	
		0.4		Atter	ding _	Med. Director	Staff Phys.	6	de a sur la		7060
23C.PHYS	ICIAN'S	0 17	10		3D. ADDR	223		_		er 12	1909
NAM		Kary V.	M	you fly		3900 Lo	och Raven	Bouleva	rd		
4A. RUPIAI	RICHA			TRA, MADE	45		ore. Mary				
	At. (Specify)		170	of CEMETERY ON CRE		24D.	LOCATION	(City, town,	or coun	ly)	(Stote)
Buri			alt	20 W at '1.	Cen		Balto	. Md.			
5A-CATEM	CA ADER THE	258. NA	AE OF RE	GISTRAR	25C, F	UNERAL DIRECTO	R V.II. D	ailey	AD	DRESS	
OLI -	E O TOTAL		1	9 8 0	Kel	son d. H		Calhou	VSt.		
E 160 DEM	1/1/10				1 6	5.0 (1)	1				

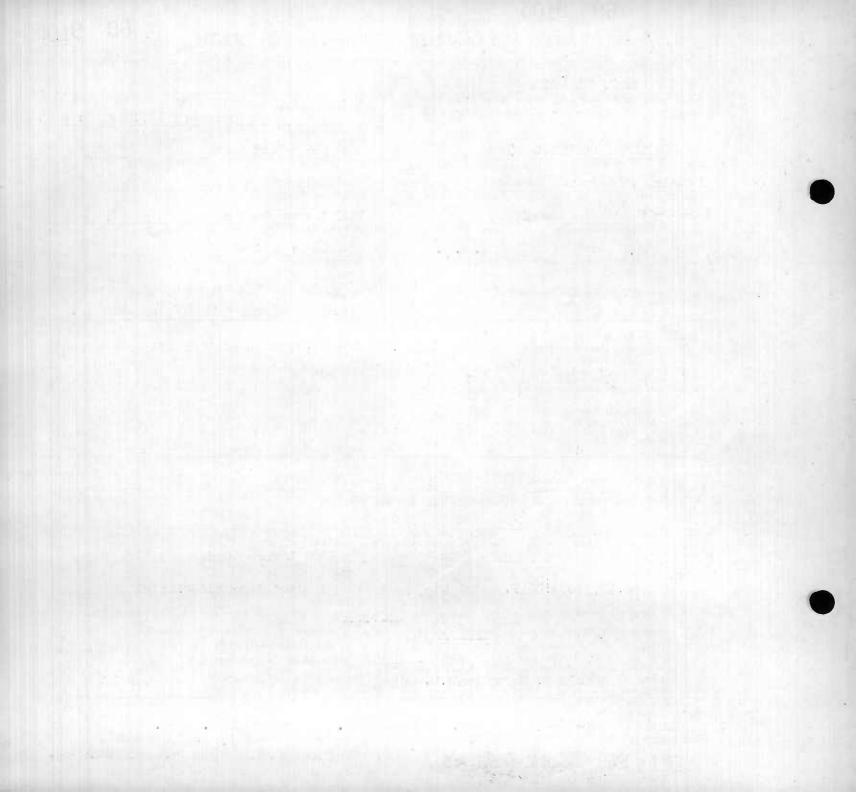


1-5	25 69	910	20	TE OF DEATH	REG. NO	69 94	03
HAME OF D			CERTITION		AND HOUR OF DEAT	Н	
Type or Print)	Andrew J	Johns	on		12-69		
PLACE IN B	ALTIMORE MARYLAND, WI	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (WE A. STATE 8. COL	here deceased lived. If	institution; residence befo	ore odmissio
ULL NAME C	F (IF NOT IN HOSPITA	I OR INST	TITLITION CLVE STREET	Maryland		160	6
OSPITAL OR	ADDRESS OR LOCA	TION)	TTUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	0
				Baltimore		YES NO	
46	Lutheran Hos	sp.		E. STREET AND NUMBER			
				617 Claymo	nt Avenue		
SEX	6. RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Months Doys Hou	Under 24 Hr
lale	Negroid	WIDOWE	D DIVORCED	2-17-17	52	Widins Doys 1100	13
	CUPATION (Give kind of work	108, KIND		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WH	AT COUNT
-	of working lile, even if retired)	13 . 1					
weld		Beth	lehem Steel	Virginia		U.S.A.	
FATHER'S N				14. MOTHER'S MAIDEN N.	AME		
	James Jo	hnso	n				
. Was Deceas	ed Ever in U. S. Armed Forc wn) (If yes, give wor or dates	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
Capito of Blikho	yes, give wor or ones	or service	219019348	Susie Johns	on	same	
18.	101		CAUSE OF DEAT	H		APPROXIMA	TE INTERVAL
Lands 1	ASE OR CONDITION DIR	C T V	CHOSE OF BEAT		Λ	BETWEEN ON	
DISE	LEADING TO DEATH	ECILI		M. Marin	VA. T		. /
(This does	nat mean the made of	dying, e.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	or furtin		-
	e, asthenia, etc. It means amplication which caused		e,	A CONSERVE NO.	()		•
injury ar c		deam.		6 11		Car	
	ANTECEDENT CAUSES		(B) X	wenne !	Inuc	X	45
	OR CONDITIONS, if a the above cause (A)			A CONSEQUENCE OF:			
	NG CONDITION last.	siding ii	(c)				
	II.						
	NIFICANT CONDITIONS CON						
TO THE DE	ATH BUT NOT RELATED TO THE	E TERMINA					
	OF OPERATION 198. CONE	DITION FO	WHICH OPERATION	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WERI	FINDINGS CONSIDER	D
	WAS PERF	OKWED			IN CERIFFING C	AUSES OF DEATH?	
OR CONTR	DENT WAS UNDERLYING BUTING CAUSE OF tify medical examiner)	ħ	1B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o	n or obaut 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Soltim	ore City, give exact locati	ion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 2	IE INJURY OCCURRED	21F. HOW DID IN	NILLBY OCCUP?		
OF INJURY			While At Not While		TORI OCCUR:		
(APPROX.)			Vork At Work				
22. 1 certi	fy that (1) (this hospital)	attended	the deceased from		19 65 to		19.69
that (I) (w	e) last sow the deceased	d alive or	June 19	1969 ond	that In(my) (our) or	pinion deoth occurred	on the do
	and from the couses state		1				
23A. SIGNA			(me) (und nor) (/ / / / / / / / / / / / / / / / / / /		23 B. DATE SIGNED	
	11 36		A. Atte	ending Med.	Staff	01.1.	
00 = 00000	Sylun) Je	Wen	DEGREE Phy	s. Director	Phys. 🗀	7/12/69	
23 C. PHYSIC	(Typle)			23D. ADDRESS	1 1 1	,, ,	
Syl	lvan D. Goldh	perg,	M.D.	Mede	ul lus 3	Kaj	
	REMATION, 248 DATE	24C.	NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (City, town, or county)	(Stote)
Buris		G I	It Tion dans	Onr	Vactmanala	nd Co Va	
5A. DATE REC			It. Zion Gemt	25C. FUNERAL DIRECTO	Westmorela		
CED 1	1000 Walter &		OF REALSTRAR			.ey	
OFL T	2 4000 6200	10	7	Kelson F.	n. 1348 (Calhoun Str	eet





VS 151-REV. 1/1/6B



IMPORTAN

DIRECTOR:



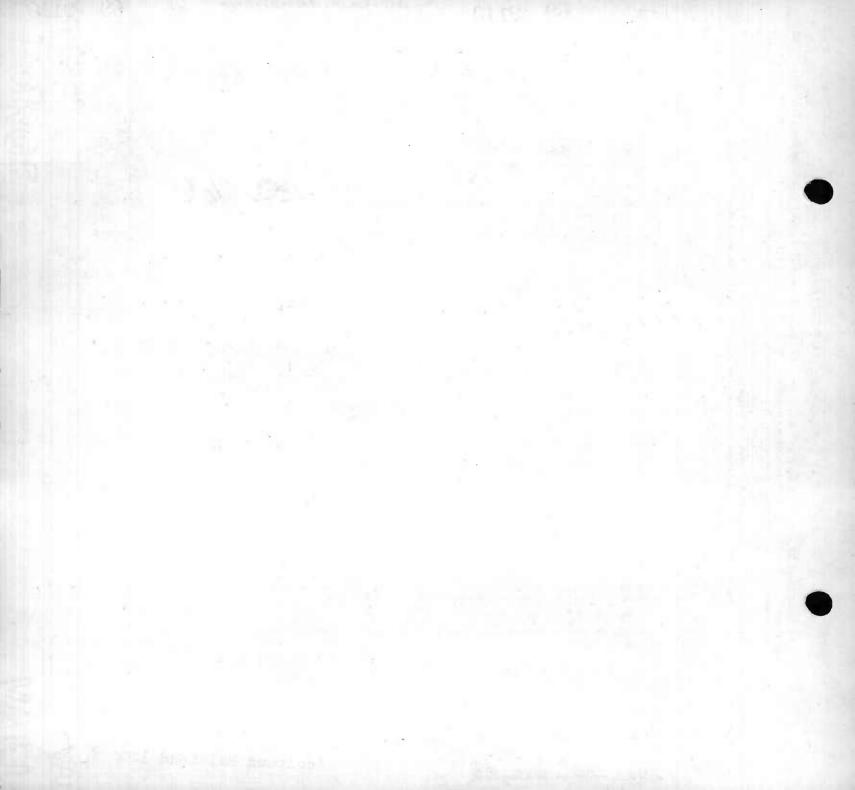
A STATE OF THE PARTY OF THE PARTY. ant superson sporter aternolosts, How he me . Spar 10 aug 7, 10 1 1/2 10 Marine Lain M.D. Gert PARK HOTS PUR BALTO - 15 P.C. MANGEL LEUN IMPORTANT

FUNERAL DIRECTOR:





BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

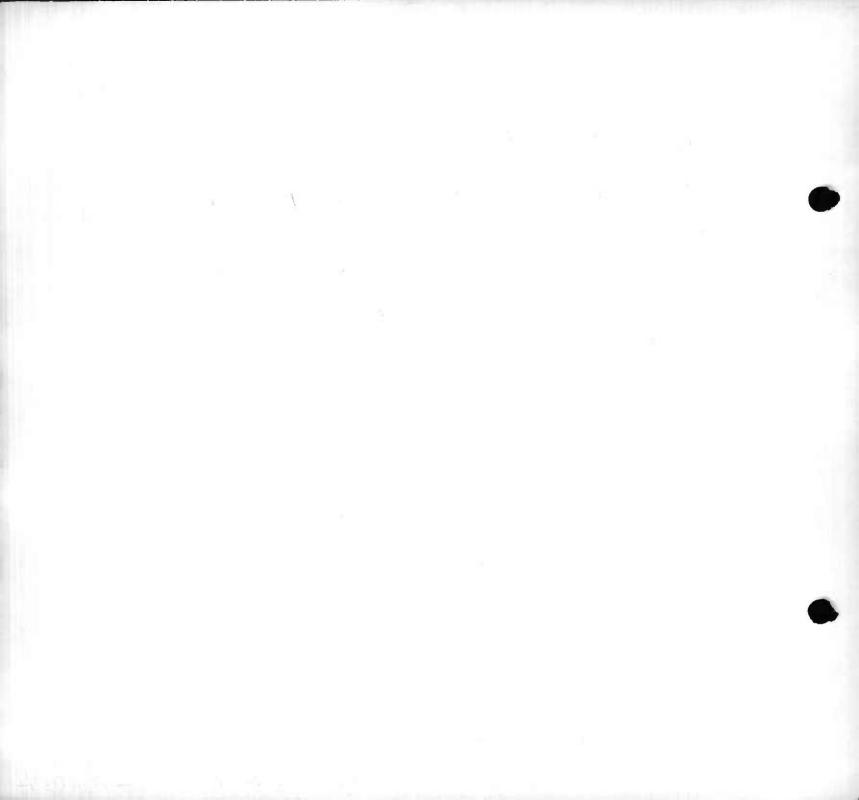
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Elected read look Easterns College 521 Prestoron Steel Callo marylond S 184 00 80 MENYCO. L. WILL Alconomorph Josephine Harthers E they copers species 1/10. HARVEL B Shee M.D. Edigines in State GBOLD METHOD STORD

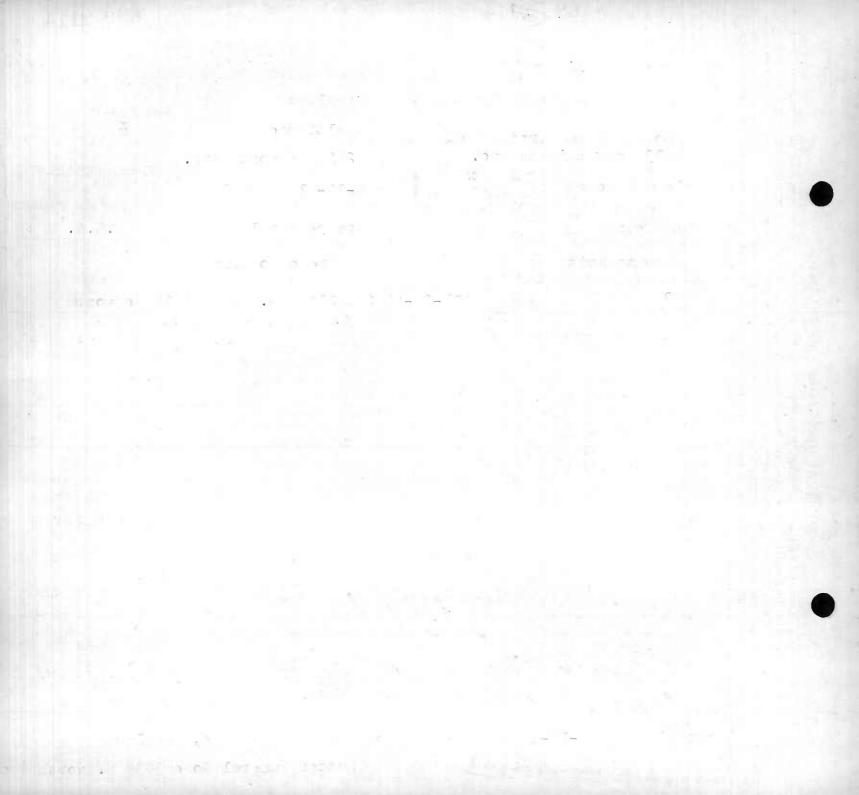
69 9112 BALTIMORE CITY H	EALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 69 9112
I. NAME OF DECEASED	2. DATE Known Month Day Yeor Haur
(Type or Print) ARTHUR HARTFIELD	OF Figure D
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
OR PAROFIT IN NOAN HOSTAL OR ANSWARD, DIES PER	PRONOUNCED DEAD September 13,1969 6:05 A.
or institution 10-7-69	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission)
2639 Greenmount Avenue (DOA)	A. STATE Maryland B. COUNTY /203
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr Months 1 Doys 1 Hours 1 Min	. 429
7-18-45 24	425 E. 27th Street
11. BIRTHPLACE(State or fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Maryland 1.4A.USUAL OCCUPATION (Give kind of work) 1.4B. KIND OF BUSINESS OR INDUST	John W. Hartfield
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 15. MOTHER'S MAIDEN NAME
	Gladys Porter
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)/(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS
No 212-44-878	
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA:
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	
heort foilure, osthenio, etc. it meons the diseose,	R AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	NAS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
	., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	•
OF INJURY (Month) (Doy) - (Yeor) (Hour) 22E.INJURY OCCURRED	
(ADDROV)	OT WHILE WORK
23.	
I certify that I held on Inquiry I Inspection I	utopsy X and that on this basis, deoth in my opinion
resulted from: Natural causes Accident Suic	ide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Muld William M	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 9/13/69
NAME (Type)	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETER	
Burial 9/17/69 Arbutus Me	
SEP 15 1969 Juber E. Salver, R.D.	Wm C March 928 E.North Ave.
VS 151-REV. 1/1/6B	The Control of the More Ave.

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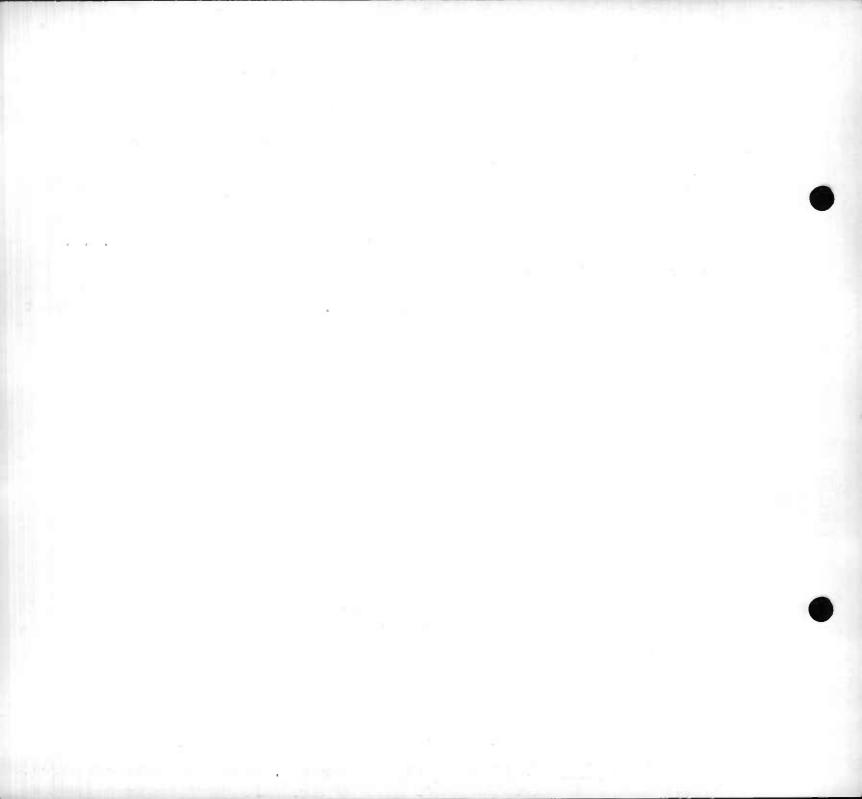
BALTIMORE CIT	Y HEALTH DEPARTMENT
D-360 69 9113 CERTIFICA	ATE OF DEATH REG. NO. 69 9113
1. NAME OF DECEASED (Type or Print) Christine Wall BEATHER	2. Date and Hour of Death
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	nd. 2506
MARITUTION (MARY/AND HOSPITA)	D. INSIDE CITY LIMITS? VES NO
38	SSIT Painfield Rd.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in years last birthfow) If Under 1 Ye. If Under 24 Hrs. Manths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most all working life, even if refired)	11. BIRTH PLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
TODACCO FACTORY DOCKER	S. Carolina 434
13. FATHER'S NAME TIM BROWN	Charolette Henderson
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown! all yes, give wor or dotes af service! SECURITY NO.	17. INFORMANT ADDRESS
10 239-05-966	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eate (bma 3da 11
tThis does not mean the made of dying, e.g., (A) IMMEDIATE CA	USE A CONSEQUENCE OF:
heart failure, osthenia, etc. It meons the disease, injury ar camplication which caused death.)	Stilled of Parks 4 Years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS	of mousine williams
DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the UNDERLYING CONDITION last.	Cled (Jastrie Well) 3 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	5 cvo 5 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121B. PLACE OF INJURY (C.G.)	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CALLSE OF bome form feetons street	in or obout 21 C. WHERE DID (if In Baltimore City, give exact location) lifice bidg., INJURY OCCUR?
DEATH (natify medical examines) 21D-TIME (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED While At The Not	21F. HOW DID INJURY OCCUR?
(APPROXI Wark At Wark	T-1 60 0112
22. I certify that (I) (this hospital) attended the deceased from	7 19 9 to 19 19 19 19 19 19 19 19 19 19 19 19 19
and hour and from the couses stated above. (1) (43) (did) (4456)	. ———
23A, SIGNATORE	238. DATE SIGNED
DEGREE Phy	ending Med. Staff Phys.
23C. PHYSICIAN'S NAME (Type) LCNARD NO DOWN	LINIVERSITY of MARYLAND HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMETERY OF	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR SEP 1 5 1969 John E. Janes M.D.	25C. FUNERAL DIRECTOR ADDRESS WAS CMARCH 928 ENORTH A
VS 150-REV. 1/1/68	A B A A A A A A A A A A A A A A A A A A



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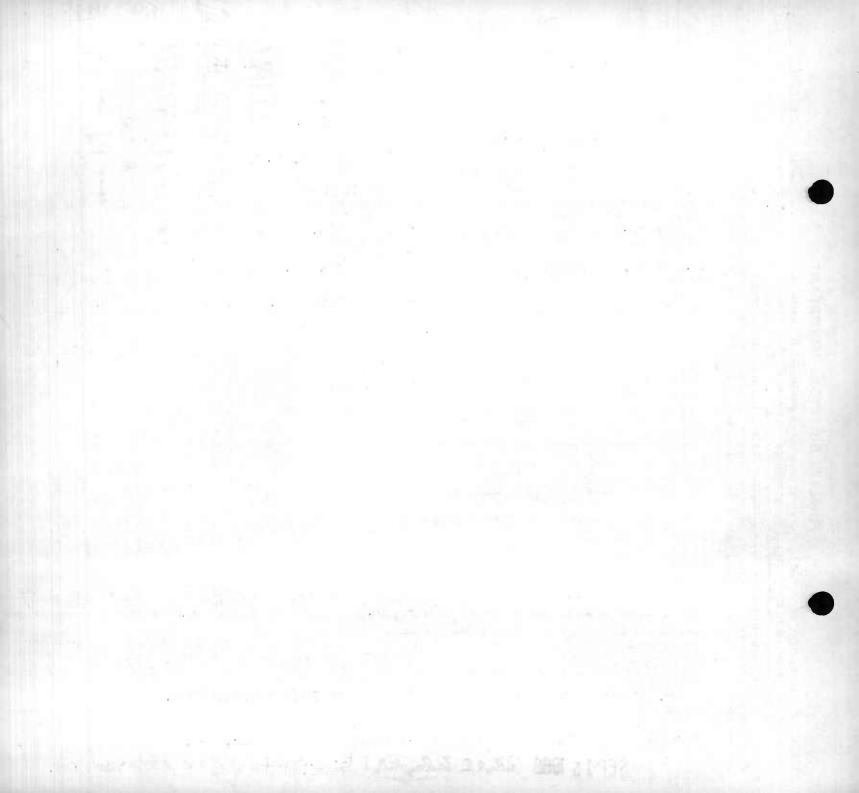


		BALTIMORE CITY			00	() A P~	
	H NO. 69 9115	CERTIFICA	TE OF DEATH	REG. NO	69	9115	
	AME OF DECEASED	S.V.	2. DATE AN	ID HOUR OF DEATH	1	4	
3 01	LECILIHAS	JKONA	9-			6:00 A	
3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. II	institution; resi	dence before odmissi	
FULI	L NAME OF (IF NOT IN HOSPITAL OR IT ADDRESS OR LOCATION)	STITUTION. GIVE STREET	md.			2.611	
INST	TITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIM	TS?	
7			RALTIMOR	0	YES X	поП	
1	Mercy Hospiti	al	E. STREET AND NUMBER	1			
		73-	3206 Mu	10.5011	54.		
5. SE	6. RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	if Under 1	Yr. if Under 24 I	
		WED DIVORCED	111-8-78	lost birthdoyl	Months D	ys Hours Min	
10A, 1	USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale of forei	an country)	12. CITIZEN	OF WHAT COUN	
Cone	during most of working life, even it (elifed)		Man 1	/	1.2.	. o. wild, cook	
_	ATHER'S NAME		MALYLAND			.S.A.	
/		11 3	14. MOTHER'S MAIDEN NAM	AE			
M	NDREW KOSINI-	SKI	Matherine Luk	owiak			
15. W	os Deceosed Ever in U. S. Ahmed Forces? no or unknown) (If yes, givo war or dates of servi	16. SOCIAL	17. INFORMANT		A	DDRESS	
	NO	019-30-9918 B	Miss.Regina	Sroka 320	6 Huds	on Stree	
11	18.	CAUSE OF DEATH					
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	•	, , 0 . 0		PPROXIMATE INTERVA	
	LEADING TO DEATH		MUDRANA	Int Inter	PHO		
- 10	iThis does not mean the mode of dying e.g. (A)IMMEDIATE CAUSE / (FOCO 1000)						
l u	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ase,	CONSEQUENCE OF:				
	ANTECEDENT CAUSES	\mathcal{A} .	< P 1/2)				
		(8)	0.000.				
ri	DISEASES OR CONDITIONS, if ony, givise in the above cause (A) stating	the	A CONSEQUENCE OF:				
U	UNDERLYING CONDITION lost.	(c)					
	Ш		21 1 1				
00	THER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG MO	d stanko	2 R11A			
- IT							
ATI	DISEASE OR CONDITION GIVEN IN PART 1 (A)		1 springer				
CATI	9A. DATE OF OPERATION 198. CONDITION F		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CO	NSIDERED	
RTIFICATI	99-DATE OF OPERATION 198. CONDITION FI WAS PERFORMED	OR WHICH OPERATION	Mo	208 IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DEA	NSIDERED TH?	
CERTIFICATI	99-DATE OF CONDITION GIVEN IN PART 1 [A]. 99-DATE OF OPERATION 198. CONDITION F. WAS PERFORMED 174. ACCIDENT WAS UNDERLYING 1	OR WHICH OPERATION	Mo	IN CERTIFYING CA	FINDINGS COUSES OF DEA		
CAL CERTIFICATI	99-DATE OF OPERATION 198. CONDITION FI WAS PERFORMED		Mo	IN CERTIFYING CA			
DICAL CERTIFICATI	9A-DATE OF OPERATION 198. CONDITION F. WAS PERFORMED 198. CONDITION F. WAS PERFORMED 198. CONDITION F. WAS PERFORMED 198. CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 198. CONTRIBUTION CAUSE OF DEA	OR WHICH OPERATION 218 PLACE OF INJURY (e.g., In home, form, foctory, street, off	or obout 21C, WHERE DID	(if In Saltimon			
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MEDICAL CERTIFICATI	PA-DATE OF OPERATION 198. CONDITION 198. CONTRIBUTION 198. CONTRIBUTION 198. CONTRIBUTION 198. CAUSE OF 198. CAUS	218 PLACE OF INJURY (e.g., In home, form, foctory, street, office). 21E INJURY OCCURRED While At Not While Work	or obout 21C, WHERE DID injury occur?	IN CERTIFING CA		oct focotion)	
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VS 150-REV.

TIFICA	TE OF DE	ATH	KEG.	NO		- PA	
ENC	ER.	0	ND HOUR OF	69	1	9.3	Jan.
)	4. USUAL RESID	ENCE (Whe	ere deceased li	ved. Il inst	titulion: r	esidence belore	odmission)
STREET	Marylan					3	01
	C. CITY OR TOW			D. INSID	E CITY L	IMITS?	<u> </u>
	Baltimo E. STREET AND	re NUMBER		1	YES 🔀	NO	
	1415 Ea	st Fay	ette St	reet	23	1202	
ARRIED	8. DATE OF BIRT		9. AGE (In yellost birthdoy)		II Unde	r 1 Yr. II Ur Doys Hours	der 24 Hrs. Min.
ORCED	8-14-192	7	lost birthdoy)	42	Months	Doys Hours	Min.
INDUSTRY	11. BIRTHPLACE		ign country)		12. CITI	ZEN OP WHAT	COUNTRY?
	Virginia				ι	J.S.A.	
	14. MOTHER'S N	AAIDEN NA	ME				
	UNKA	vow,	n/				
NO.	17. INFORMANT					ADDRESS	-
	Records: B	CH-494	O Easte	rn Ave	enue	21224	
OF DEATH					1	APPROXIMATE	
	74-0 A	TIL	00.10		- 1	BETWEEN ONSET	A
EDIATE CAU	7 6		COMA	•		4 we	Us.
E 10, OR AS A	CONSEQUENCE	OF;				4	
CIERH	2126	OF L	1 VER	and the same		240	ars.
TO, OR AS	A CONSEQUENCE	OF:		A.		***************************************	
			> /6	š′ 			
CHRO	MC &	tan	olism			20 ye	ans.
TION	20A. AUTOPSY	?{Yes or No	208. IF YES	WERE FIL	NDINGS	CONSIDERED	**********
	71	100	IN CERTIFY	NG CAUS	SES OF I	CONSIDERED DEATH?	YES
JURY (e.g., in y, street, aff	ar about 21 C. WHice bldg., INJURY	ERE DID OCCUR?	(If IA	Ballmare	City, give	e exact lacotion)
URRED	215 40	N/ m/m in/	URY OCCUR?				
Not While		נאו חוח אי	OKT OCCUR?				
At Wark				0 3 5			
fram	6-27-		19 <u>69</u> ta_	9-11			19 69
	17		ot in(my) (a	ur) opini	an deoi	h occurred o	n the dote
(did nat) vi	ew the body of	ter death.		12	R DAT	E SIGNED	
DEGREE Phys.		d. ector	Staff Phys.			-14-6	S.
recon	D. ADDRESS	940 Ea	stern A	venue Y	,Bal:	timore.	id.
	MATORY	24D. L	OCATION	(City,	tawn, o	r county)	(State)
RE 1	25C. FUNERAL	LB.	ACTIN,	ORE	7/	1ARYL	AND
0 0	MARS	HA.11	YONES	17:	35	ADDRESS HARFOR	AVE.

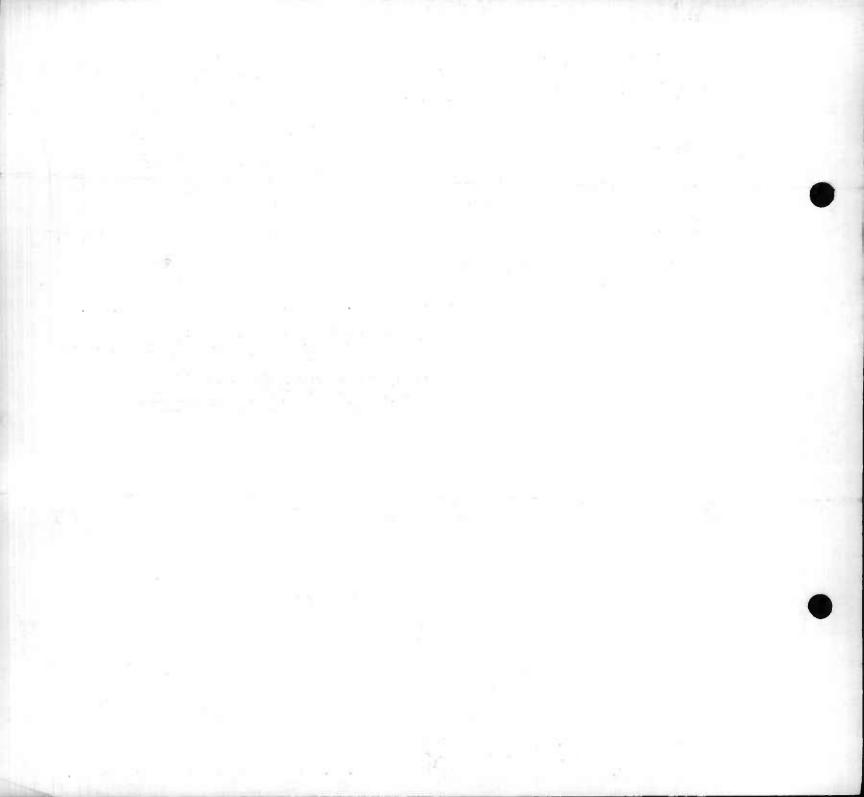
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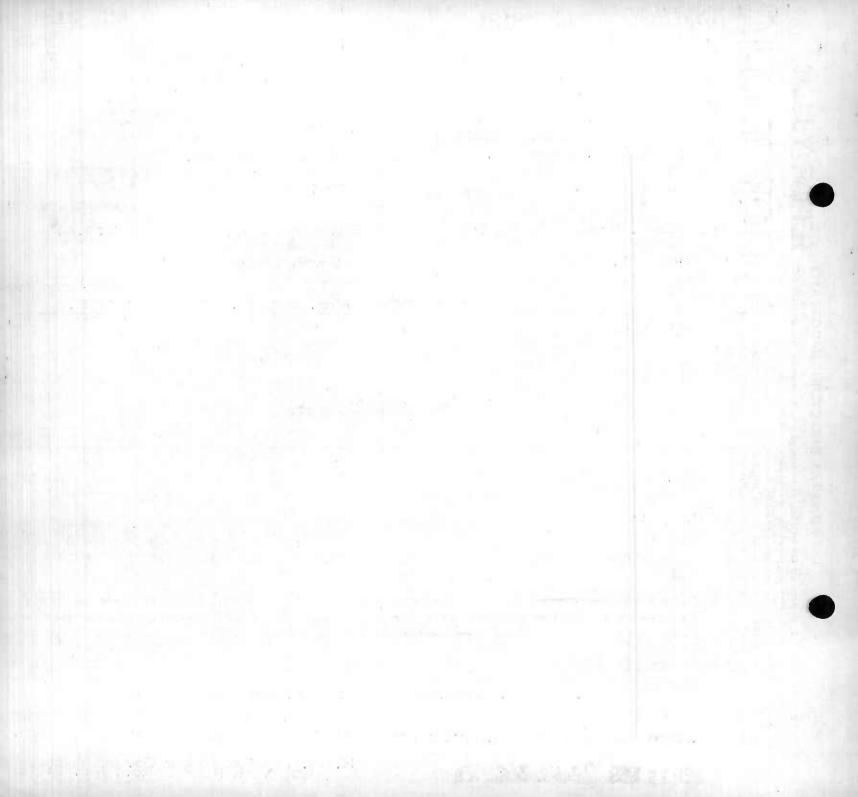
15/3/8 ** John Josson 1940 4/12/4 MARY OREN Bakery SAleseyan 25-28-4708 DANTHY L. TESSEN 6615 THOUSENED RO BIRIAT TUSTER LAKEVIEW MODUMINE

10 = 100 Eq 4121	Y HEALTH DEPARTMENT ATE OF DEATH REGING. 69 9120
BIRTH NO. 1. NAME OF DECEASED (Type or Physical Control of the Co	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION ADDRESS OR LOCATION)	A. USUAL RESIDENCE IWhere deceased lived. If institution: residence below admission A. STATE B. COUNTY C. CITY OR JOWN D. INSIDE CITY UMITS? YES NO E. STREET AND NUMBER R. 49 R. A. EVLIE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done d'Gring mest of working life, even if refired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 577-38-1824	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? VIRCINIA 14. MOTHER'S MAIDEN NAME ELLEN DODD 17. INFORMANT ADDRESS Mr. John W. Smith Reisterstown, Md.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. (B) DUE TO, OR AS (C)	TON ANY EMISOCUS, BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 1994 DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., including form), fociory, street, follows	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? To or obout 21C. WHERE DID (If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Work 22. 1 certify that (1) (this hospital) attended the deceased from	
that (I) (we) lost sow the deceased after on and hour and from the couses stated above (1) (We) (did) (did not) v	19
Attent M. Bzazler M. Begree Phys 23 C. Physician's NAME (Type) BEAZLEY MD	ading Med. Director Phys. 238, DATE SIGNED 9,0,69 3D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE Burial Sept. 13, 67 First burg. Cemes 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	etery Finesburg, Md,
SEP 15 1969 Robert E. Jailer R. D.	J. F. Eline & Sons Reisterstown, Md.

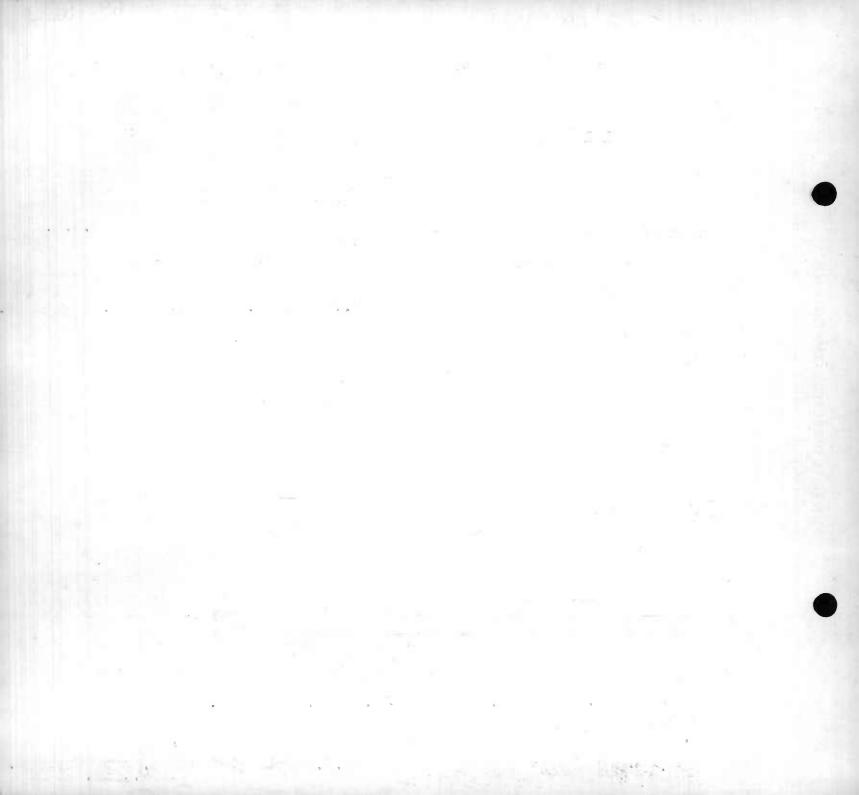


FUNERAL DIRECTOR: IMPORTANT

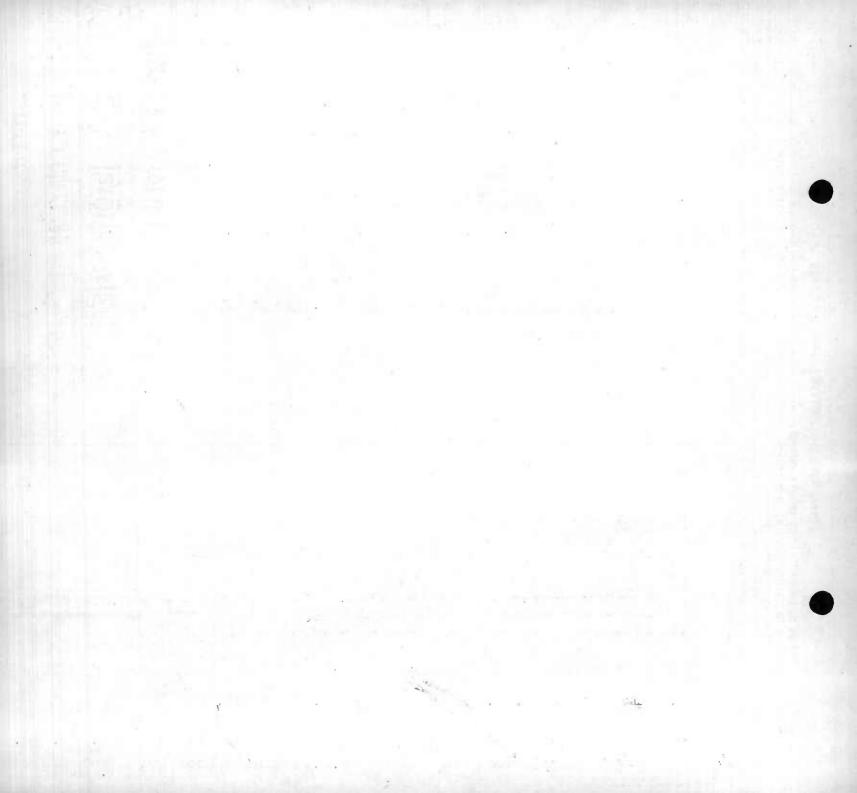
M-11/-D CO	04.04	BALTIMORE CITY	HEALTH DEPARTME		69 9121
///-460 69	9121	CERTIFICA	TE OF DEAT	H REG. NO.	00 STET
1. NAME OF DECEASED (Type or Print) George	Roy N	Mueller		TE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHEE	RE PRONOU	NCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL ADDRESS OR LOCATION	OR INSTITU ON)	TION, GIVE STREET	Maryland c. CITY OR TOWN		SIDE CITY LIMITS?
House In The Pines 2525 W. Belvedere		sing Home	Baltimore E. STREET AND NUM 3402 Pow		YES NO .
6. SEX 6. RACE 7.	MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
M VV W	VIDOWED [DIVORCED [6-13-1883	lost birthday	Months Doys Hours Min,
OA. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) Retired. Banker	Bankir		Baltimore,		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDE		
George C. Mueller			Sarah E	Bender	
5. Was Deceased Ever in U. S. Armed Forces' Yes, no or unknown) (If yes, give wor or dates of	f service)	16. SOCIAL SECURITY NO.	17. INFORMANT		Bervedere Av
No		216-14-1776 CAUSE OF DEATH		th M. Nichols	ON 1313 E. APPROXIMATE INTERVAL
WAS PERFOR 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (H	ring, e.g., e disease, oth.) 7, giving ating the RIBUTING TERMINAL (A). 100 FOR W. MED 218. home etc.)	(B) Bul (DUE TO, OR AS (C) Strus, OF INJURY (e.g., in portion, of other, of INJURY OCCURRED (E.A.) Not White	a CONSEQUENCE OF: A CONSEQUENCE	Jelevate H Deserve reho pneumo eno feleron or No) 208. IF YES, WERE IN CERTIFYING CA DID UR? (If in Baltimo UR?	FINDINGS CONSIDERED AUSES OF DEATH?
(APPROX)	Work	At Work	10	1968 10-8	2 1 10 169
22. I certify that (I) (this heapital) a that (I) (we) last sow the deceased of		1	19 6 9		inian death accurred an the date
and hour and from the causes stated 23A. SIGNATURE Land J. Blam 23C. PHYSICIAN'S NAME (Type) Dr. Earl	her	DEGREE Phys	nding Med. Director	Staff Phys.	23B. DATE SIGNED / 9 / 2 / 6 9
24A. BURIAL CREMATION, 24B. DATE		ME of CEMETERY OF CRE			City, town, or county) (5tote)
Entombment 9-13-196	69 10	rraine Park	Mausoleum	Baltimore	County, Md.
		F REGISTRAR	25C. FUNERAL DIR		ADDRESS
SEP 15 1969 2848 E	-	W.	H. W. J.	Pork Road B	Balto:, Md. 21212



4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES T NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Julia Elizabeth Pettit ADDRESS 21201 Quandt. 929 Howard BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct location) ... ond that in(my) point on death occurred on the date 23B. DATE SIGNED ADDRESS H.W.Jenkins & Sons C 303



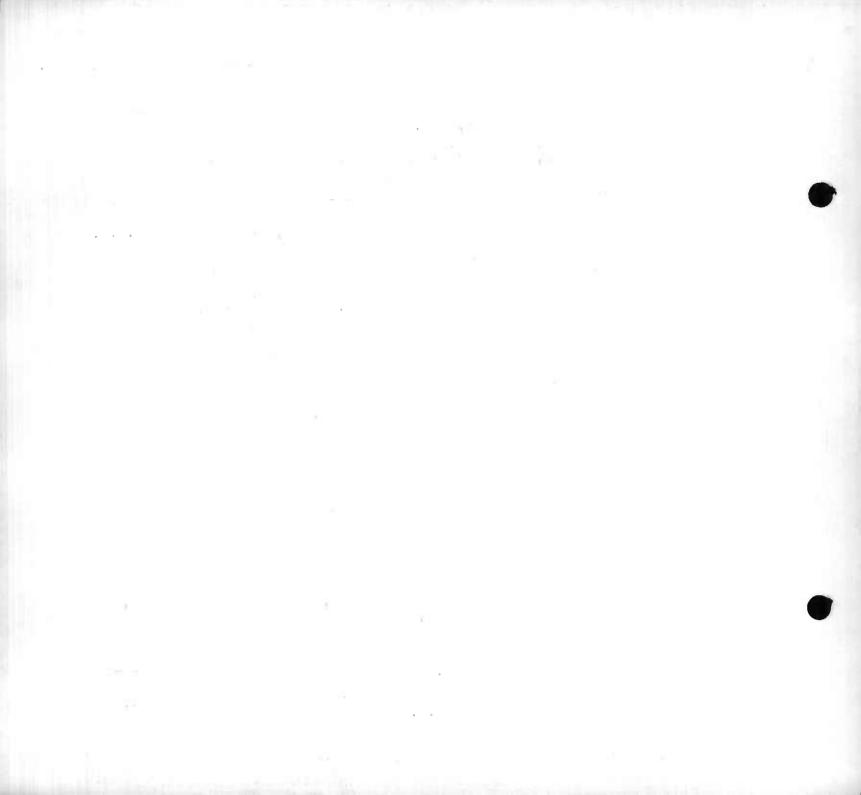
1. 2	000		BALTIMORE CITY	HEALIN DELAKIMENT		69 U1 77
	00	69 91	23 CERTIFICA	TE OF DEATH	REG. NO	69 9123
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	1
ype or Print)		T.T		0		10 19/15 A
	tta Graha		NOUNCED DEAD	4. USUAL RESIDENCE	nt. 12, 19	institution: residence before admission
				A. STATE B. CO	UNTY	2 1111
ULL NAME OF	(IF NOT IN ADDRESS O	HOSPITAL OR INS	STITUTION, GIVE STREET	C. CITY OR TOWN	la (A)	CIDE CIDE CIDE CIDE CIDE CIDE CIDE CIDE
OSPITAL OR					D. IN	SIDE CITY LIMITS?
100 Woo	odlawn Ro	a .		Baltimore E. STREET AND NUMBER		YES NO NO
000	, C. 2. C. 1111 110					
SEX	6. RACE	17		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs
JEA			IED NEVER MARRIED		lost birthdoy)	Months Doys Hours Min.
F	W	WIDOW	DIVORCED DIVORCED	1-16-1878	91	LIS CITIZEN OF WILLY COUNTY
	of working life, even if		OF BOSINESS OK INDOSEK	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTR
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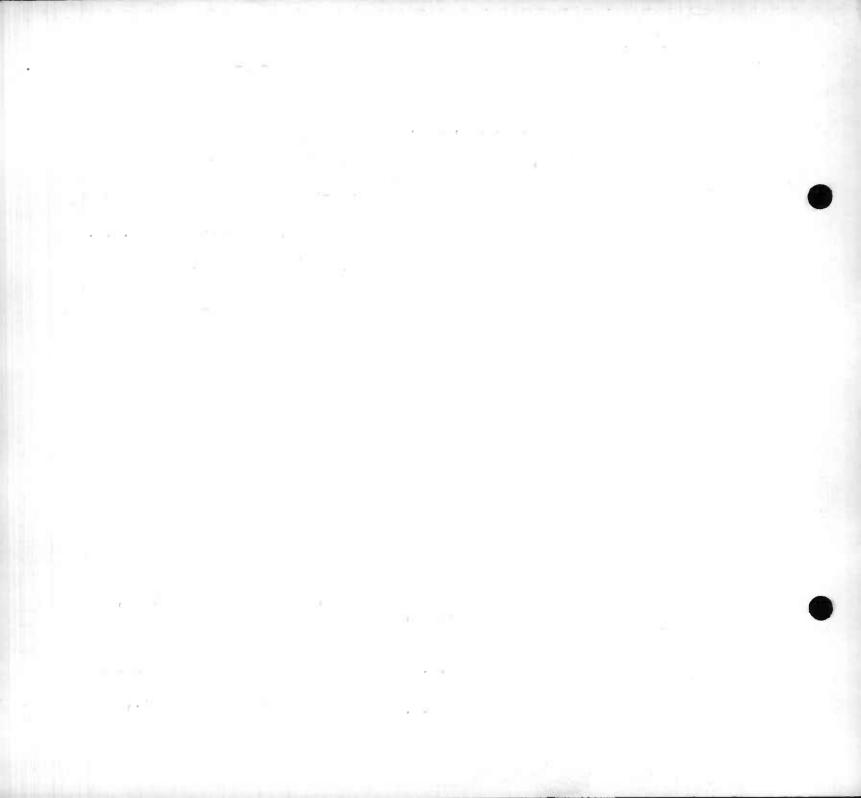
IMPORTANT

FUNERAL DIRECTOR:

BIRT	D-30	9 15892	9124	BALTIMORE CITY CERTIFICA			REG. NO	69	912	4
1, N	AME OF DECI		h Bernard	d White			ND HOUR OF DEATH		6:35	n.
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RE		re deceased lived. It is	nstitution: resi		edmission!
HO:	L NAME OF	(IF NOT IN HOSPIT, ADDRESS OR LOCA	ATION)		Maryl c. CITY OR TO	and		16 C	8	
	20	Provident 1514 Divi			Balti			YES X	№ □	
5. St	91	Baltimore			5706	ND NUMBER Gelston	Drive			
5. SE	EX			NEVER MARRIED X	8. DATE OF B		9. AGE (In years	I If Haday 1	V. 15 11 - 1	04.11
	ale	Negro	WIDOWED	DIVORCED	8-6-6	0	lost birthdoy)	Months D	Yr. If Underloys Hours	Min.
done	during most of w None (i	PATION (Give kind of work rorking life, even if retired) nfant)	10B, KIND OF BL	JSINESS OR INDUSTRY		more, Ma		U.S.	N OF WHAT	COUNTRY?
13. F.	ATHER'S NAM	NE .				MAIDEN NA		0.0.	22.0	
1	Bernard	White			Dahma	Door				
15 W	In Deserved	Ever In U. S. Armed Ford	ces? 16	SOCIAL	Debra			A	DDRESS	
1.037	no or onknown	ui yes, give wor or dole:	s of services	SECURITY NO.	Mrs. D	hra Wh	ite-Mother		Same	
T	8. 7 7 7	VI		CAUSE OF DEATH		CDIA WII.	re-Mother		APPROXIMATE IN	NTERVAL
RTIFICATION	This does no head loilure, of injury or comp A DISEASES OF THE DESCRIPTION OF THE PEATH OF THE DEATH OF THE	EADING TO DEATH It meon the mode of sthenia, etc. It meons slicotion which caused NTECEDENT CAUSES R CONDITIONS, it cabave cause (A) CONDITION last. CANTICONDITIONS CON BUT NOT RELATED TO TH NOTIFICATION 1798. CONT OPERATION 1798. CONT WAS PERFORMANT OF THE CONT TWAS UNDERLYING TO THE CAUSE OF	the disease, death.) ony, giving staling the https://doi.org/10.1001/	CE OF INTURY (e.g., in	A CONSEQUENT A CON	ICE OF:	208. IP YES, WERE IN CERTIFYING CAI			
No.	PEATH (notity r	nedicol exominer)	etc.)	orm, foctory, street, alf	ice bldg., INJU	RY OCCUR?	pr to outside	o only give o	AGE IGCORON	
	D. TIME OF INJURY APPROXI	(Month) (Doyl (Year)	(Hour) 21E IN. While A	Not While		THI DID WOH	URY OCCUR?			
2	2. I certify t	hat (l) (this hospital)	attended the c			1	9 69 to Augu	st 9.	10	69
		ast saw the deceased			19 69	1	it in (my) (aur) opii			
a	nd havr and	from the causes state	ed abave. (1) (W	(e) (did) (did not) vi	ew the body		,			
2:	3A. SIGNATUR		2					23B, DATE S	IGNED	
			Grang	M.D. Aften	ding _	Med. Director	Staff X	9-9-	69	
24A.	SC. PHYSICIAN NAME (Typ	Raymuna ATION, 124B, DATE	to R-C	D DEGREE	1514 I	ivision	Street Ba	A L SIZE	III	
	REMOVAL (Sp	ecify) 9-15-6	9	AIN	ENC D	ADPINE	MEDRICAL	SCHOOLS	ומשי	(Stote)
25A.		19 Per E	25B. NAME OF A	EGISTRAR J		AL DIRECTOR	SERVICE	- B(Xoonss CHD	



	5-64 RTH NO. 1-4.	15354	9125	BALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO	69	9125	r
	NAME OF DEC		Eugene	Squirrel		D HOUR OF DEATH		11:40	p.
FL	JLL NAME OF	TIMORE, MARYLAND, W	HERE PRONC		4. USUAL RESIDENCE (When A. STATE B. COUN Maryland	re deceased lived. If in	nstitution; re		missian)
IN	OSPITAL OR ISTITUTION		Hospi	tal, Inc.	C.CITY OR TOWN Baltimore	D. INS	IDE CITY LI	MITS?)
-	57	Baltimore	, Mary	land 21217	E. STREET AND NUMBER 1924 Etting S	treet			
M	sex Iale	Negro	WIDOWED	NEVER MARRIED DIVORCED	0-25-09	9. AGE (In years last birthday)	If Under Months	Doys Hours	24 Hrs. Min.
dor	Minor	JPATION (Give kind of work working life, even if retired)	10B KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei Baltimore, Ma	-		S . A .	DUNTRY
13.	FATHER'S NAA	AE			14. MOTHER'S MAIDEN NAM	AE			
	Herman :	Harvey			Belva Nadine	Squirrel			
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed For lif yes, give war or dote	es? s of sorvicel	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
				SECORITI NO.	Miss Belva Squ	irrel- Mot	her	Same	
ATION	DISEASES O ise to the UNDERLYING OTHER SIGNIFI TO THE DEATH	ol mean the mode of osthonia, etc. It means plication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION lost. Il CANT CONDITIONS COIL A BUT NOT RELATED TO THE NOTION GIVEN IN PART	the disease, dooth.) iny, giving sloting the		SE Pren A CONSEQUENCE OF:				
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	OR CONTRIBUTED THE CONTRIBUTED	T WAS UNDERLYING TING CAUSE OF medicol exominel	21 B hom etc.	io, farm, factory, street, oli	or obout 21 C. WHERE DID	(II In Baltimor	City, give	exact location)	
W	(APPROX)	(Month) (Day) (Year)	Whi			JRY OCCUR?			
	that (I) (we)	lost saw the decease	olive on_		1969ond the	t in (my) (aur) opli			ne date
	and hour ond 23A. SIGNATUI	from the causes state	od above. (I	M.D. Atter	ew the body ofter death. Iding Med. Director	Shaff X	23B, DATE		
	23C. PHYSICIAN NAME-ITY NAME-I	imando k		DEGREE 2	3D. Address 1514 Division ANA TOMY ROMANDER AND RESERVED TO THE PARTY AND RESERVED TO THE PARTY AND PARTY	Street Ba	lto.	Maryland	d 21
25A		BY HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C, FUNERAL DIRECTOR		CAL	SCHOOL	
许	P 1 6 196		adden 19	.43	MORTUA	RY SERVI	UE -	DCIII	



VS 150-REV. 1/1/6B

hetter from Bolton Hill Hursing

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

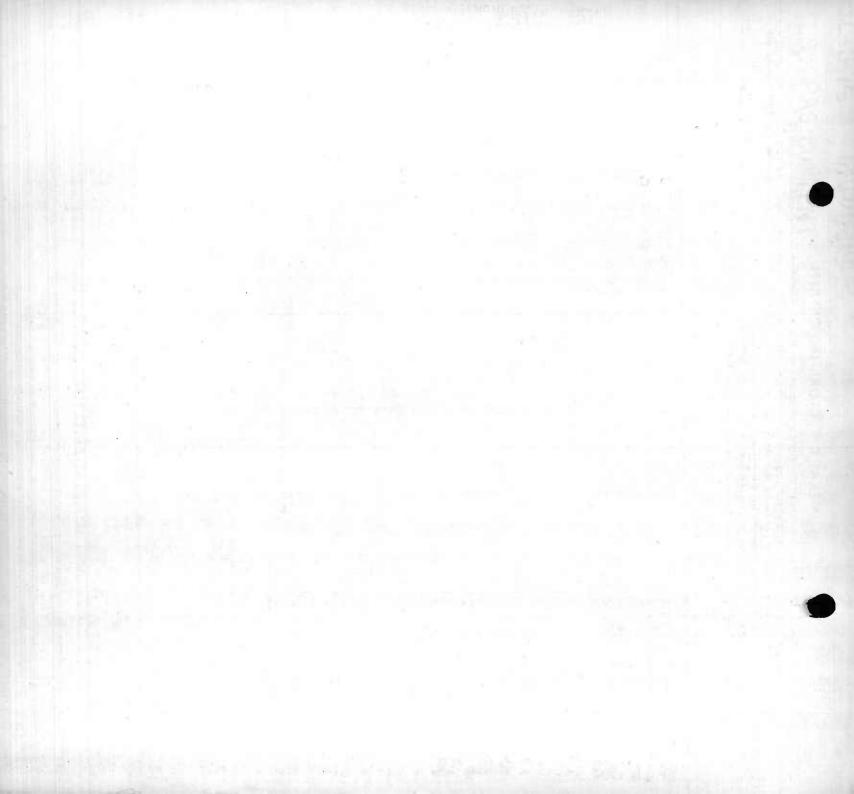
1/2/2 British 1971 Hole

	1 / -) 6 9 91 28	LTIMORE CITY HEALTH DEPARTMENT ERTIFICATE OF DEATH	REG. NO. 69 9128
	BIRTH NO.		
	(Type or Print) Leroy Vinson	9-	AND HOUR OF DEATH - 11-69 11:40 Pm
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	EAD 4. USUAL RESIDENCE (W	(here deceased lived. If institutions residence below admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GI ADDRESS OR LOCATION)	1	D. INSIDE CITY LIMITS?
	University of Maryland Hosp	E. STREET AND NUMBER	YES NO
9	5. SEX 6. RACE 17	2043 Nort	h Fulton Ave.
mad	M Ne gro WIDOWED TO	DIVORCED 1 8-8-14	9. AGE (In yeors II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stote or f.	oreign country) 12. CITIZEN OF WHAT COUNTRY?
disposition	Language and hongshorem		erolina U.S.A.
po	13. FAIWER'S NAME	14. MOTHER'S MAIDEN N	
dis	William Vinvon	EttaM	ausey
or final	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or dates of service) 16. SOCIA SECURITY	AL RITY NO. Chart Face	ADDRESS
r f	18. 4 - 2 / 4 CAI	JSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
He	(This does not meen the made of dying, e.g., (A)	IMMEDIATE CAUSE Preumon	io
embaimed	hearl failure, astherio, etc. If means the disease.	DUE TO, OR AS A CONSEQUENCE OF:	
E	injury or complication which caused death.) ANTECEDENT CAUSES	0 / 1 /6	2 1 +
	DISEASES OR CONDITIONS, if ony, giving (8).	DUE TO, OR AS A CONSEQUENCE OF:	lar Accident
are	rise to the above cause (A) stoling the	out 10, ox AS A CONSEQUENCE OF:	
in	UNDERLYING CONDITION lost. (C).		***************************************
remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	Chronic Kenn/	Failure.
the	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OP		No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?
ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY (e.g., in or obout 21 C. WHERE DID	No
before		ctory, street, office bldg., INJURY OCCUR?	(If In Boltimore City, give exact location)
btained	OF INJURY OF INJURY	And the second s	VJURY OCCUR?
Ē	(APPROX.) Work	Not While Al Work	
op	22. 1 certify that (1) (this hospital) attended the deceas	ed from 7 - 1	196/ to 1969
pe	that (1) (we) last sow the deceased alive an		that In(my) (aur) opinion death occurred on the date
ıst	and hour and from the causes stated above. (1) (We) (dl.	d) (did not) view the bady after death	•
must	224. SIGNATURE	Attending Med.	Shaff TO 23B. DATE SIGNED
۷۵	23C. PHYSICIAN'S	DEGREE Phys. Director	Phys. 9-11-69
orc	NAME (Type)	23D. ADDRESS	,
approval	24A BURIAL CREMATION, 24B. DATE / 24C.NAME of CE.	DEGREE METERY OF CREMATORY 24D.	LOCATION (City, town, or county) (Stote)
	KEMOVAL ISPECTIVI	Les How to 1	Kall M. I.
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	AR 25C. FUNERAL DIRECTO	OR ADDRESS
3	SEP 1 6 1969 Jabus E. Jaiber, M.D.	Morton . D	gett F. H. 1701 LAUVENS ST
	VS 150-REV. 1/1/68		The state of the s

A - Warren P. Unevery or Maryland Hex Ist 2643 Noth Filter Ave. M. William 8-2-14 S hampoliperan himberenan North Carelina Etta Marsy William Vinsey Chart Fee . fr. t Primara Const Vi Jan Radat Charle Kowl Tolan To 12-69 may we want to Ender Like 115 14-11

FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY I	TEALTH DEPARTMENT	X	69 9129
H-230 69 912	CERTIFICAT	E OF DEATH	REG. NO.	OD STER
1. NAME OF DECEASED (Type or Print) MR PETER	HOCKABAY		9/12/69	4:45
3. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION INSTITUTION	DR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where A. STATE B. COUNTY MARKET A. C.	D. Balto,	E CITY LIMITS?
CHURCH HOME A	ND HOSPITAL	BALTIMOS E. STREET AND NUMBER	0 1	YES NO
	YLAND 21231	709 S. A.		140
m N w	IDOWED DIVORCED	3/8/52 10	44	If Under 1 Yr. If Under Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work) 108. done during most of working life, even if refired) TRACKMAN.		N.C. We	ldon	AMERICA
THEODORE HOCK	YAWAY	4. MOTHER'S MAIDEN NAMI	JOHN	son.
15. Was Deceased Ever in U. S. Armed Farces? (Yes.no or unknown) (If yes, give wor or dates of	service) 16. SOCIAL SECURITY NO. 239-22-44-97 10	7. INFORMANT RS, NARCY HOC	KADAY 7	09 STAVON
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise la lhe abave cause (A) stat UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TE	giving (B) DUE TO, OR AS A (C) A S C V	VE ACUTE MY CONSEQUENCE OF: D.	OF HED IN	10 10 PMC(1)
O THE DEATH BUT NOT RELATED TO THE TE ODISEASE OR CONDITION GIVEN IN PART 1 (19A. DATE OF OPERATION 19B. CONDITION WAS PERFORN	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or about 21C, WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
DEATH (notify medical examiner)	1			
DEATH (notify medical examiner) 21 D.TIME (Month) (Doy) (Year) (H OF INJURY (APPROX.)		21F. HOW DID INJU	RY OCCUR?	
O 21D.TIME (Month) (Doy) (Yeor) (H	while AI Not While AI Work tended the deceosed from live on 9 obove. (I) (We) (did) (did not) vir	8/27/69 19 2 19 69 ond that ew the body ofter death.	in(my) (our) opin	$9/12$ 19_10 deoth occurred on the signed $9/12/69$.
21D.TIME (Month) (Doy) (Year) (HOPROX.) 22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased of and hour and from the causes stated at 23A. SIGNATURE	tended the deceosed from obove. (I) (We) (did) (did not) vi	2 19 69 ond that ew the body ofter death. ding Med. Sign. ADDRESS CLIURCH	in(my) (our) opin	ion deoth occurred on t
21D.TIME (Month) (Doy) (Year) (Horing of INJURY (APPROX.) 22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased of ond hour and from the couses stated at 23A. SIGNATURE A.C. CHOLLY. 23C.PHYSICIAN'S NAME (Type) A.C. CHOLLY. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 417/69	while AI Not While AI Work tended the deceosed from Nobove. (I) (We) (did) (did not) virial Not While AI Work NO DEGREE AIT NO. D.	8/24/69 19 2 19 69 ond that ew the body ofter death. ding Med. Spirector Spirector Pi BD. ADDRESS CHURCH (3 ALTIN) MATORY 240 LOCAL	to in (my) (our) opin hoff IN A	ion deoth occurred on to 238. DATE SIGNED $9/69/69$.

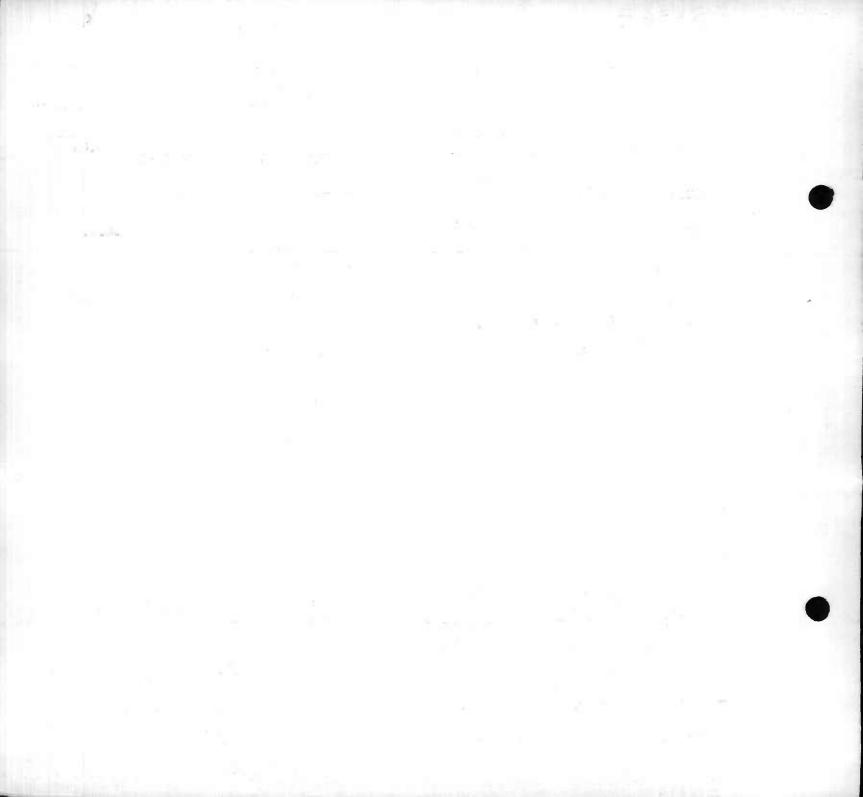


FUNERAL DIRECTOR: IMPORTANT

BIR	-645 TH NO 109 34	15469	9130		HEALTH DEPARTMENT TE OF DEATH	REG. NO	69 9130
	IAME OF DECEASED	Y LIR	<i>C</i>	IRELAN	2. DATE	AND HOUR OF DEATH	. A
3. 1	PLACE IN BALTIMOR	MARYLAND, WHE	RE PRONOUN		///////	nere deceosed lived. II	institution: residence before admission)
HC	LL NAME OF (I	F NOT IN HOSPITAL	OR INSTITUTI	ON. GIVE STREET	Maryland c. City or town	Anne Arı	andle
ł .	33				Harwood		YES NO
_	The Johns	Hopkins 1	Hospit	al	E. STREET AND NUMBER Harwood, M	d.	
5. S	Female	White v	VIDOWED	NEVER MARRIED DIVORCED	9/11/69	9. AGE (In years lost birthdoy)	Months Doys Hours Min. 25 16
done	USUAL OCCUPATIO during most of working	N (Give kind of work 10) life, even if retired)	B, KIND OF BI	JSINESS OR INDUSTRY	11. BIRTHPLA CE (State or lo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. [FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
					Gertie Ir	eland	
S. V	Was Deceased Ever in ,no or unknown) (If yes	U. S. Armed Forces', give wor or dotes of	service)	SECURITY NO.	17. INFORMANT		ADDRESS
MEDICAL CERTIFICATION	CEADI (This does not meet head foilure, asthern injury or complication ANTEC DISEASES OR COMISE to the about the ab	EDENT CAUSES NDITIONS, if only or cause (A) side of the cause (A) side of the cause (A) side of the cause of	ing, S., e disease, oth.) oth.) giving the libuting ERMINAT (A). ON FOR WHI MED 218, PL. home, etc.)	(a) IMMEDIATE CAU: DUE TO, OR AS A (B) DUE TO, OR AS A (C) HYHL A CONSEQUENCE OF: A CONSEQUENCE OF: ME MEMAN POTHEX RE 20A. AUTOPSY? (Yes or N YES or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	ENEBRAL DIS ELOVERING TO 208, IF YES, WERE IN CERTIFIENC CA	FINDINGS CONSIDERED	
	BURIAL CREMATION	me causes stated A. P.C. B. Peters	dbave. (1) (1)	We) (did nat) vi	mew the bady after death. ding Med. Director BD. ADDRESS The Johns H	Shaff Phys. D	238, DATE SIGNED 9/n/69
C 25A.	removal (Specily) remation Date recid by HE	9/12/69		ns Hopkins		Ol N. Broa	dway Balto, Md.



5-363 69 9131	BALTIMORE CITY HEAL CERTIFICATE		REG. NO	69 91	131
1. NAME OF DECEASED (Type of Print) STEWART, Elisa	beth L.	9/1	HOUR OF DEATH	6:00	1) PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) Baltimore City Hospital 4940 EASTERN AVENUE #212	N, GIVE STREET A. ST. M.P. C. CIT A E. STI	ARYLAND AN TY OR TOWN ANNAPOLIS REET AND NUMBER	NE ARUNDEL /	DE CITY LIMITS? YES NO	12-00
5. SEX 6. RACE 7. MARRIED S. N	BC	OX 161 RO #7	#21		Itades 24 Hrs
FEMALE WHITE WIDOWED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	DIVORCED 8-	-25-15	ost birthdoyl 54	If Under 1 Yr. If Months Doys Hou	
		ERMANY	n country)	12. CITIZEN OF WH	AŢ COUNTRY?
13. FATHER'S NAME EDQUARD		CAROLINE	NE .		
	CECHDITY NO	FORMANT ORDS BCH 494	O EASTERN A	VENUE #212	24
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	DUE TO, OR AS A CON	tem hern	calin	30	Las
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 121A-ACCIDENT WAS UNDERLYING 121B PLACE 121B PLACE 1	Multiplen		Gram n	eg 21m	1 wx
19A-DATE OF OPERATION 19R CONDITION FOR WHICE WAS PERFORMED		A. AUTOPSY? (Yes for No.)	208. IF YES, WERE F	INDINGS CONSIDERE	D
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examines)	CE OF INJURY (e.g., in or oborm, loctory, street, office bld	guil 21 C. WHERE DID	(If In Boltimore	City, give exoct locati	on)
21D-TIME (Month) (Doy) (Yeos) (Hous) 21E INJU OF INJURY (APPROX.) While A!	Not While At Work	21F. HOW DID INJU	RY OCCUR?	, /	
22. I certify that (I) (this hospital) attended the de that (I) (we) last saw the deceased alive an and hour and from the causes stated above (I) (We) 23A. SIGNATURE		Med. S	tototo	ion death occurred	on the date
23C. PHYSICIAM'S NAME (Type) SMITH W. DOUGLAS, M.D 24A. BURIAL CREMATION, 24B. DATE 24C.NAME	23 D. AD	DDRESS BALTI 4940	MORE CITY H EASTERN AVE	SOPITALS 21224 Clown, or county	(Stote)
CREMATION 9-12-69 Fort	Lucoln Cre GISTRAR 25G	FUNERAL DIRECTOR	loe i Son (address	Md.



	M. 53)TO		BALTIMORE CITY HE				X					
-	11,0	ىپەر	MED	ICAL	. E)	KAMINER'S	CERTIFIC	ATI	E OF	DEA	TH REG	. NO	69	913	2
	TH NO.														
1. I	De or Print)	EASED					2. DATE OF	Know	n 🔀	Month	Do	У	Yeor	Hour	
(, , ,		Car	1 Mon	tgome	ery		DEATH	Estim	noted 🗆	9]	11	69	5:55	p . M.
4.	PLACE IN BALT					OUNCED DEAD	3. DATE	NICED :	DEAD	Month	Do	У	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTIO	ON, GIVE STREET	5. USUAL RE			9	11		69	5:55	р. м.
	1/1	. Agne	s Hosp:	ital			A. STATE	aryl		iece oseu	B. COU	JNTY_	ltim	Aut	2/
6. 5		7. RACE			DIED D	NEVER MARRIED	C. CITY OR		GIIG		D. INS	IDE CITY			30
	male	white		WIDON	_		Ra	ltim	ore			VEC		м. П	
	DATE OF BIRTH		10.AGE (In		IfUr	nder 1 Yr. If Under 24 Hrs.						YES		№ Ц	
	Nov. 14,	1896	lost birthdoy		Mont	hs Doys Hours Min.			low1and	l Car	1020	212	27		
	BIRTHPLACE (SI		n country)	1 4	12 0	ITIZEN OF	13. FATHER'S			ı Sqt	lare	& J.Z.	£ /		
. , .			,, ,			WHAT COUNTRY?									
	Illinoi		1: 1 : 15	4D 14101		U.S.A.	Willia	am B	• Mont	gome	ry				
don.	USUAL OCCUP during most of w	orking life, ev	e kind of work I en ifretired)	4B. KINI	OF	BUSINESS OR INDUSTRY	15. MOTHER	5 MAIL	DEN NAM	E					
	Retired			U. S	5. N	Marine Corps	Unkn	own							
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	\$?	17. SOCIAL SECURITY NO.	18. INFORM	ANT				ADD	DRESS		
	Yes		. Marin		.,	212-36-2299A	Mary	A. M	lontgon	nerv	1010	How1	and	Square	2122
	19. , / /) , 1.				CAUSE OF DEA		117						APPROXIMATE II	TERVAL
	4/0	7	ITIO NI DIDEC										BEI	TWEEN ONSET A	IND DEATH
		EADING TO	ITION DIREC	, I LY		Arterios	cleroti	c ca	rdiova	scul	ar di	iseas	e		
	4 4		mode of dyi	ng, e.g.,		(A)IMMEDIATE C	AS A CONSEQU	ENCEC)F.						
			. It meons the ch coused deo			00210,011	TO A CONSEQU	LIVEL C							
	,,	, , , , , , , , , , , , , , , , , , , ,		,											
		ITECEDENT				(B)									
	DISEASES O	R CONDITI	ONS, IF ANY,	GIVING		DUE TO, OR	AS A CONSEQ	UENCE	OF:						
7	UNDERLYIN	G CONDIT	ION LAST.			(c)									
Ō			11			\-/			******						
CERTIFICATION			IDITIONS CO												
문			RELATED TO												
RT						WHICH OPERATION WA	AS PERFORME	D				2	21. AUT	OPSY? (Yes	or No)
\ddot{c}	0												no		
AL	22A. EXTERN	NAL CAUSE	WAS		122B E	PLACE OF INJURY (e.g.,	in or about 27	C WH	EDE DID /II	to Rollin	oro City o	nive event		\	
EDIC.	UNDERLYING	OR CON	TRIB-		home	, form, foctory, street, office	e bldg., etc.) IN	JURY C	OCCUR? ("	III BOIIIII	iore City, (Sive exoci	TOCOTION	,	
ME	22D. TIME (Ooy) (Yeor	(Hou	(1) 2	ZE.INJURY OCCURRED	22	F. HOV	ILNI DID N	JRY OC	CUR?				_
	OF INJURY (APPROX.)		,,	(· w	HILE AT NOT	WHILE								
	23.				m. W	ORK L AT W	ORK								
		6. AL - A I I-	ald as las			Inspection X Au			that an thi		المشال		-1-1		
	I cerri	Ty Ther I h	eld an Ir	idnira [pinion		
	result	ed from: N	latural caus	es X	A	Suicid		nicide			nined ma	nner 🗀	J		
		1111	11.0	1	11	11'	C	HIEF M	EDICAL EX	AMINE	` 📙			DATE SIG	NED
	ACTUAL SIGNATU	RH 1	YWY	M	11	M,D	ASSIS	TANT N	MEDICAL EX	AMINE	≀ ∐				
	EXAMINE	R'S LIO	rner U	Spi	77		Deputy	HATE M	MEDICAL EX	AMINER	Exami	ner		9/12/	69
24,	NAME (T)	ATION.	4B. DATE	- P-		C. NAME of CEMETERY				OCATIO		ty, town,	or coun		
RE	MOVAL (Specification)	у)	9-15-	60		Crost Tarm C	ometore		D	21+1-					
25	Burial A. DATE REC'D	RV HEALTH			LA AAT	Crest Lawn C			L DIRECTO		nore,		DRESS	•	
231		c 1969	0.0	a E.	Cal	Seas M. D.					4107			Ave. 2	1229

VS 151-REV. 1/1/6B

HAMMED CONTRACTOR OF THE PARTY BANDON PART TO A REPORT OF THE PARTY OF THE

and trained a major consequences or regions of the Application 2 section 1935 of 1935.

BIRTH	NO.	69	9133	<		HEALTH DEPARTA		REG. NO	68	9 9	9133
	ME OF DECEASED or Print)	ROTH.	GEOR	GE EDWARD		2. S	EPTEN	HOUR OF DEAT	н 1969.		7:30 P.
FULL	NAME OF (IF	MARYLAND, W	HERE PRO			4. USUAL RESIDEN	B. COUNT	deceased lived. II	institution: r		
INSTIT	TAL OR AI	DDRESS OR LOCA	ATION)			C. CITY OR TOWN BALT I MO			ISIDE CITY L		
4	40	ENES HOS	PITAI			E. STREET AND NO.	UMBER	RNE AVE	218		NO []
	ALE W	/HITE	WIDOW		ED	O2 11 8	9 "	AGE (In years ost birthday)	II Unde Months	Days	II Under 24 Hrs. Hours Min.
done di	RETIRED	(Give kind of wark ife, even if refired)		OF BUSINESS OR IN	DUSTRY 1	1. BIRTHPLACE (Sto		n country)	12. CITI	ZEN OF V	WHAT COUNTRY
AU	THER'S NAME GUST ROTH				1	4. MOTHER'S MAI	DEN NAM			0 3	
15. Wo (Yes, no	s Deceased Ever in or unknown) (If yes,	U. S. Armed For	s of servic	e) 16. SOCIAL SECURITY NO	7582	7. INFORMANT		CORDS-CAT	CON C	ADDRES	
18.	1538 OR	CONDITION DIR		CAUSE OF	DEATH	R	~~~		- 1	APPROX	NEIVO AVI
DI ris UI	ISEASES OR COR	DENT CAUSES NDITIONS, if of couse (A) DITION last, II ONDITIONS CON OTRELATED TO THE	ony, givi slaling I VIRIBUTIN SE TERMINA	G AL	***************	CONSEQUENCE OF	oma Fi	7 Col	lon		***************************************
RTIFIC 18/	A-DATE OF OPERAT	198 CONE	ORMED	R WHICH OPERATION		NO		20B, IF YES, WERE IN CERTIFYING CA			
J OR	A. ACCIDENT WAS CONTRIBUTING ATH (notify medical	CAUSE OF examiner	İ	218, PLACE OF INJUR name, farm, foctory, s etc.)	treet, affic	e bidg., INJURY OC	CUR?	(If In Boltimo	ore City, give	exoct lo	cotion)
S OF	D. TIME (Month) INJURY PPROX.)	(Doy) IYeorl	1		ED ol While	21 F. HOW	וחנאו סוס	NY OCCUR?			
22,	. I certify that ()(at (IX(w <u>e) l</u> ast sa	(this hospital)	attended	the deceased from SEPTEMBER	AUG	UST 13		10 (my) (our) op			
and	d hour and from t	he causes state	ed abave.	((We) (did)	WW vie	w the bady after	death.				
¥	Jauan 1	n. Hal	L, J	M-D-DEGR		ing Med. Directo	or Sh	off Sys.	09 1	1 69	
24A. BI	HAVEN N WURIAL CREMATION, EMOVAL (Specily)	ALL JR.	M.D.	NAME of CEMETERY		T AGNES I	HOSPI		O MD		(Stote)
Bu	rial	9-15-69	S	st. John's I			y Pf				rd Md.
2F1	P161969	Pober E.	Jabes	100		Howard H	Hubb	ard 4107	Wilken:	s Ave	21229

THE TOTAL SECTION OF STREET a from an and the state of the . The teat August 1995 when the second state of the second

	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	contributing contributing etermined ca n regular at sceased prio	
¥	direct or direct or 1; (4) Und th was i on the do dispositie	ī
FUNERAL DIRECTOR: IMPORTANT	or his assista Also, if the re of any kind nounced dea attendance c	-
IRECTOR:	al examiner. j. (3) A fracturant who propropries in regular in sare embal	
UNERAL D	chief medica y a medica Body burns, the physici hysician was	
F	roved by the hospital by nature; (2) xcept where and (6) No pletained before	
	must be appreciated to tecident of an an hospital (a hospital); to death);	
	was r was r A at at prior	3
	body ws: (1 s D.O.	
	Thir the sho was dec	

H-520 69	0124	HEALTH DEPARTMENT		69 9134
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	00 0104
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	1
THINE'S . ARTHUR LEON	IARD	SEI	PTEMBER 12.	1969 4.20 A
3. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where decoosed lived, II	1969 4:20 A. M.
FUSTNAAGNES HOSPINTAHA	L OR INSTITUTION, GIVE STREET	A. STATE B. CC	YTNUC	P 0
	L OR INSTITUTION, GIVE STREET	MARYLAND	Balto Co.	
WILL KENC C CATON AN	ENUICO	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
WILKENS & CATON AV	ENUES	BALTIMORE		YES NO .
2		E. STREET AND NUMBE		0.1000
	D 21229		SIDE AVENUE	21229
S SEX 6- RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE	WIDOWED DIVORCED	09 28 03	65	Total Inches
OA. USUAL OCCUPATION (Give kind of work)	OR KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
fone during most of working life, even if retired)				
Dye Maker		WEST VIRG	INIA	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN	MAME	
EDWIN HINES	DEC D	(CASKEY)	FANNIE	DEC D
5. Was Deceased Ever in U. S. Armed Force es, no or unknown) (If yes, give wor or dates		17 INFORMANT		
(es, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.		RECORD'S BA	LTIMORE MD 21229
NO	220 14 5454	ST AGNES I	HOSPITAL WI	LKENS & CATON AV
18. 7 9 9.0	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRE	CTLY	110-1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	ANNA EDIATE CALL	. URECUIA		
(This does not meen the mode of	lying, e.g., (A)IMMEDIATE CAU	CONSEQUENCE OF:		,
heart failure, ostherio, etc. Il meons to injury or complication which caused d	ne diseose.			
ANTECEDENT CAUSES		RARY RETO	FR. Linx.	ŀ
			IVTIVIV	
DISEASES OR CONDITIONS, if ar	y, giving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost	(C)			
	(~/		***************************************	
OTHER SIGNIFICANT CONDITIONS CON	PIRITING 1 = A (c: 4)	1001: 0 100	041' - 141	ALIE
E ITO THE DEATH BUT NOT RELATED TO THE	TERMINAL LEAKING	ADRIC ABD	UMINAL A	FNEURYSM
DISEASE OR CONDITION GIVEN IN PART	I (A).	20A. AUTOPSY? (Yos or	NAW 20R IS VES WERE	EINDINGS CONSIDERED
E Q 1 (Q WAS PERFO	RMED 15V4		IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	THEAL STRICTURE	NO		
OR CONTRIBUTING CAUSE OF	218, PLACE OF INJURY (e.g., in home, form, foclory, street, off	ice bldg., INJURY OCCUR	(If In Boltimo	ore City, give exect location)
DEATH (notify medical examiner)	etc.)			
21D-TIME (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY (APPROX)	While At Not While			
	MOIK - AT MOIK			
22. I certify that (X) (this hospital)	attended the deceased from Al	JGUST 20.	19 69 to SEP	TEMBER 12 1969
that 🕅 (we) last sow the deceased	alive on SEPTEMBER 15	2 19 69 and	that in Yak') (aus) on	Inion death accurred on the date
and hour and from the causes stated	I show MV/Way (Jt.) MMV V		· · · · · · · · · · · · · · · · · · ·	mon decin decorred on the date
23A. SIGNATURE	g gpg Ae' ViV(ue) (gig) AfM WOO A	ew the body after deat	h.	
	iv n			238, DATE SIGNED
M. Cakiling	Y-D DEGREE Phys.	iding Med.	Shaff Phys.	09 12 69
23C. PHYSICIAN'S		3D. ADDRESS	BALT	IMORE MD 21229
MARINO CABILING.	MD	ST AGNES HOS		
	DEGREE			
4A. SURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (C	city, town, or county) (Stotel
Burial 9-15-69	Loudon Park Ceme	tery	Baltimore, Ma	ryland
25A. DATE REC'D BY HEALTH DEPT. 2		125C FLINERAL DIRECT	OB	2220AA
SED 1 5 1969 Paber E.	SA NAME OF REGISTRAR	Howard H.	Hubbard 4107	Wilkens Ave. 21229
(\$ 150-DEV 1/1/48		0 0 0		

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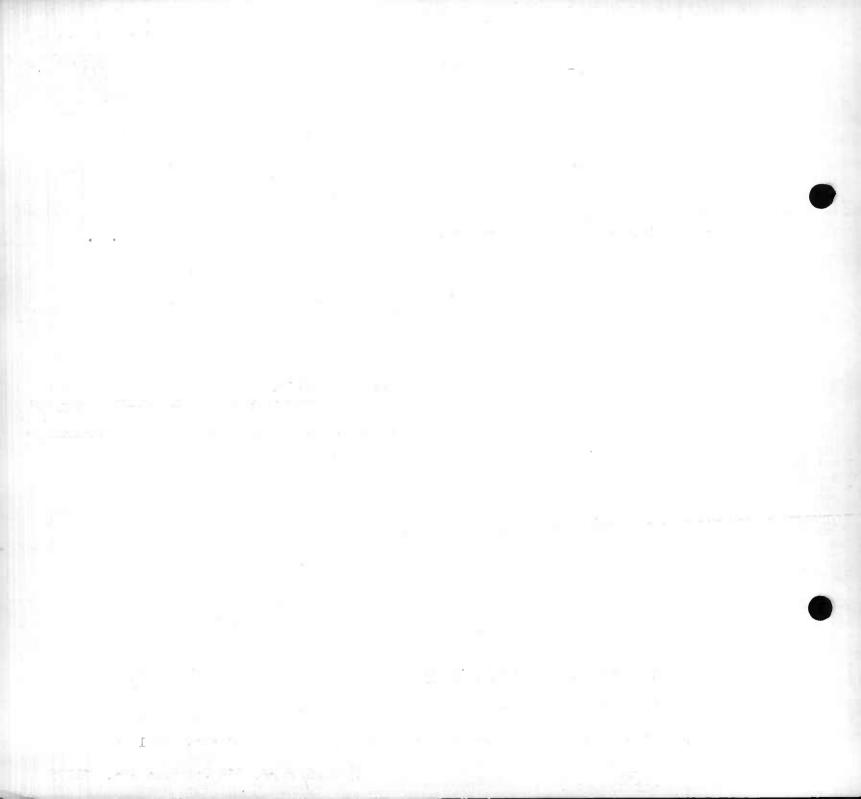
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IMPORTANT FUNERAL DIRECTOR:

No 🗀 If Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U. S. ADDRESS Sameas APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Bollimore City, give exoct location) ond that In(my) (our) apinion deoth occurred on the dote 23B, DATE/SIGNED (Stotel (City, town, or county) Baltimere, Maryland ADDRESS mecully F. H. 237 Patapace Ave.

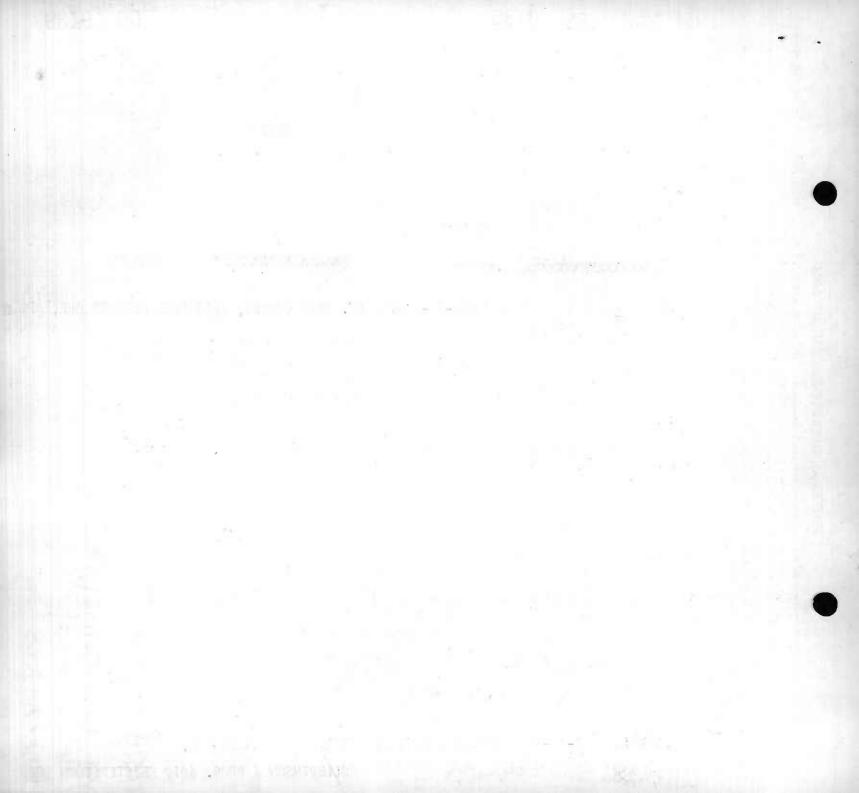


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7) 01		21.01	BALTIMORE CITY	HEALTH DEPARTMEN	IT	0.0
K - 26 (69	9140	CERTIFICA	TE OF DEAT	H REG. NO	69 9140
NAME OF DECEA		DWARD	H .	2, DA1	P / 12/ 1969	2 50 g M
3. PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before admission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET		RSUCH AU	Maryland 21214
35				BALTI MO		YES NO
CHURCH	HOME &	nd 140.	SPITAL	1425 Gorsu	ch Avenue	705
SEX 6	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours: Min.
M	W	WIDOWED [DIVORCED	12-19-9	2 1 76	
		10B. KIND OF	BUSINESS OR INDUSTRY	_		12. CITIZEN OF WHAT COUNTR
ZETIRE	rking life, even if retired) DMachinist	America	an Can Co.	1-012-1	ndiana VAYNE	AMERICON
FATHER'S NAMI				14. MOTHER'S MAIDEN	INAME	
HEBW.	an re	6EL		<		
was Deceased E	ver in U. S. Armed For f yes, give wor or date	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT Id	a Ruth R. Reg	el ADDRESS
No	. , 55, g		080-051436	WIFE	1425	GORSUCH AU.
1B. // / ^	a		CAUSE OF DEATI			APPROXIMATE INTERVAL
OTHER SIGNIFIC	above cause (A) CONDITION lost. II ANT CONDITIONS CO BUT NOT RELATED TO T	NTRIBUTING	(c)			
DISEASE OR CO.	NOITION GIVEN IN PAR	RT 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208 IF YES WEI	PE FINDINGS CONSIDERED
19A. DATE OF C	WAS PER	FORMED	VHICH OFERATION	257. 4010/31; 1103	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING [ING CAUSE OF redicol exominer)	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	or obout 21C. WHERE Difice bldg., INJURY OCCL	OID (If in Boltin	nore City, give exact location)
21 D. TIME (Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
OF INJURY			le At Not Whil			
		Woi		1.1 (2	0.1	
22. I certify the	not (I) (this hospita	l) attended th	A /	4/69	19109/	,
that (I) (we) I	est saw the decease	ed alive on	9/1/	19 69 . 0	nd that in (my) (our) o	pinian deoth occurred on the do
ond haur ond	from the couses sto	ted above. (I) (We) (did) (did nat) v	iew the body ofter de	oth.	
234 SIGNATURE						23B. DATE SIGNED
1/-110	RN Lane		OEGREE Phy	nding Med. Director	Staff Phys.	
23C. PHYSICIAN	S			23D. ADDRESS		
NAME (Typ	000	IEA	Pina MO	5518 JA	RRIL Rd.	D. BALTO
	ATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	0		(City, town, or county) (State)
REMOVAL (Sp.						
Burial		Ca Dave	an Camata		70 1	
	9/15/19		on Cemetery	25C FILMEDAL CON	Dayton, Va.	Annesce
	9/15/19	Dayt		25C. FUNERAL DIRE Eugenia K	. Seitz 5209	York Rd.
SEP 16 SEP 16 SEP 16	9/15/19 V HEALTH SEPT.			Eugenia K	. Seitz 5209	York Rd. 1to. M. 21212

FORT WAYNE AMER 039739 LEADING WELL William ANDRA SHA

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BALTIMORE CITY HEALTH DEPARTMENT

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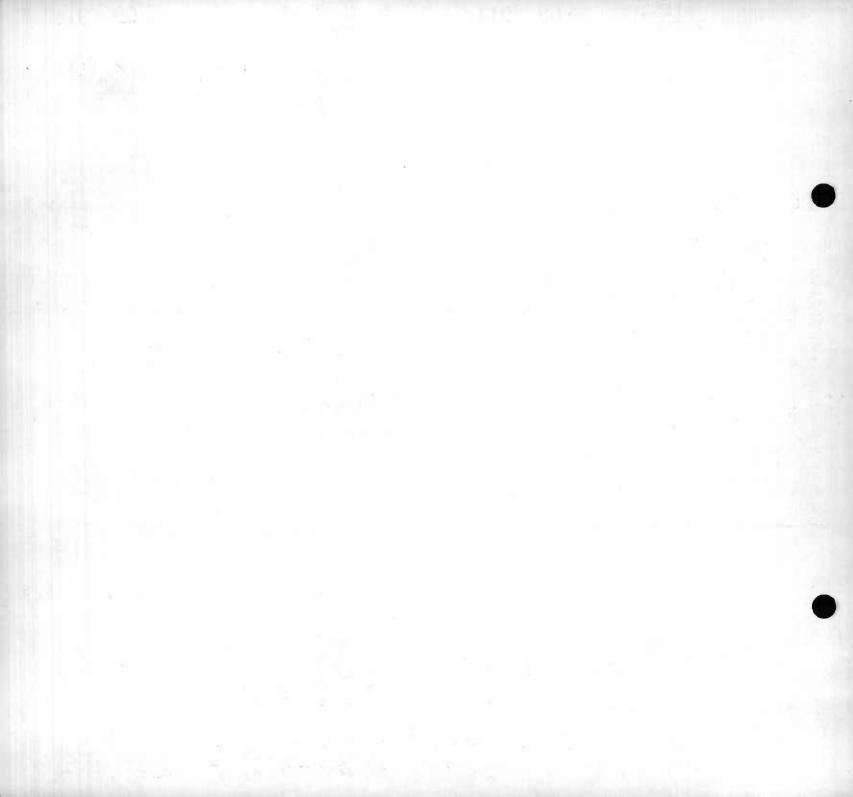
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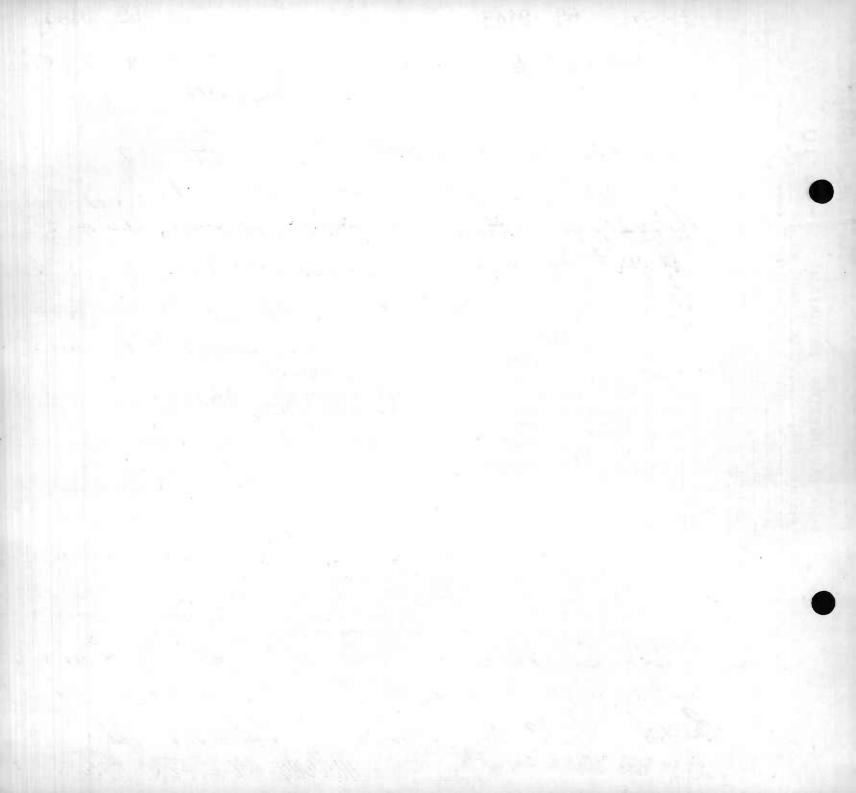
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Type or Pri	HERMAN, M. F DECEASED IN BALTIMORE, MARYLAN AE OF (IF NOT IN H OR ADDRESS OR	OSPITAL OR INSTITUT	CERTIFICA		REG. NO ND HOUR OF DEATH t. 1, 1969	69 9144
NAME OF PRICE IN PLACE IF DECEASED IN BALTIMORE, MARYLAN AE OF (IF NOT IN H OR ADDRESS OR	ND, WHERE PRONOUN	CED DEAD				
FULL NAMHOSPITAL NSTITUTION	N BALTIMORE, MARYLAN AE OF (IF NOT IN H OR ADDRESS OR	OSPITAL OR INSTITUT	ICED DEAD	San	1 3060	
FULL NAM HOSPITAL NSTITUTION	AE OF (IF NOT IN H OR ADDRESS OR N	OSPITAL OR INSTITUT	CED DEAD	DOD.	し。エ、エフロフ	6:00 A.
90 90 301ton	OR ADDRESS OR	OSPITAL OR INSTITUT		4. USUAL RESIDENCE (Wh.	ere deceased lived, If i	nstitution: residence before admission
90 90 301ton	OR ADDRESS OR	LOCATION)	ION GIVE STREET	Maryland		1401
90 Bolton			ion, or a street	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	Hill Numeina			Baltimore		YES NO
	III Numaina			E. STREET AND NUMBER		
SEX	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	& Convales	cent Ctr.	1206 Bolt	on Street	
77	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
H.	W	WIDOWED	DIVORCED	8-23-87	82	
	OCCUPATION (Give kind		USINESS OR INDUSTR	1 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNT
	most of working life, even if re		KNOWN	UN KNOU	UN	U.S.A.
CLN R. FATHER	S NAME	COV	10000	14. MOTHER'S MAIDEN NA		0.D.A.
7. 1 A 1 1 1 E K	J HANE			1-5 Morrison o Maiorit II		
	Unkno	wn		Unkno	wn	
5. Was De les, no or u	nknown) (If yes, give wor	ed Forces? or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	0	D	18-22-0836	Bolton Bolton	Wi1/ N	H. Regness
18. /	1221		CAUSE OF DEA	TH COUNTY	11/2/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	IO THE OBOVE COUSE RLYING CONDITION TO:		(c)	repug		7/69
OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING				
E HO THI	E DEATH BUT NOT RELATED E OR CONDITION GIVEN I					**************************************
	ATE OF OPERATION 198.		HICH OPERATION	20A. AUTOPSY? (Yes or N	O 20B. IF YES, WERE	FINDINGS CONSIDERED
19A.D					III CERIII III C	OSES OF SEATH.
OR CO	CCIDENT WAS UNDERLY ONTRIBUTING CAUSE O	F 21B. P home, etc.)	form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltima	re City, give exoct locotion)
21 D. TI.		(4)	NJURY OCCURRED	21F. HOW DID IN	11107 0 0 0 1102	
		(Yeor) (Hour) 21 E. I	TOOK! OCCOME		JURY OCCUR!	
OF INJ	URY	(Yeor) (Hour) 21E, I While Work		ile 🗍	JURY OCCUR!	



N. P. I.	1 - 1	A -	HEALTH DEPARTMENT		(1) 11/1/2
DIDT	J-516 69 914	45 CERTIFICA	TE OF DEATH	REG. NO	69 9145
	H NO.	021(11110)			
	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	1
туре	e or Print) ROALAINE 11/	INEBRENNE	ER	9/10	1691 7:07PM
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admission)
J. 11	EACE IN BALLINGARY MARIENIO, WITERE TR	ONG ONCED DEAD	A. STATE B. COUN		0
E111	L NAME OF (IF NOT IN HOSPITAL OR II	NETITUTION CIVE STORET	MARKYL	ANI	14/14
HO!	SPITAL OR ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR TOWN		CIDE CITY HMITES
IN ST	TTUTION		10 10	A AL MANAGE	SIDE CITY LIMITS?
2			1247116	101E	YES NO NO
20	A A continue	_ / _ / /	E. STREET AND NUMBER		
n	SUTH BALTIMON	E GEN HOSP	11/2/ 6	ETT	ST
_			14 00 11	001	
S. SE	6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
	I WIDO	WED DIVORCED	1-24-08	G C	771011113
		Lifted Named			
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
one	during most of working life, even if refired)	16	Kaltiman	. 111/	21.5.14
1	100300160 1	TOME	XXIIIIIORE	1/14-	67.0.7/
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	1	1.	1.10	T).	
	HUGUST FERIE	11er	MITTERINE	HERR	
s. W	Vos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes,	no or Unknown) (If yes, give war or dates of ser	vice) SECURITY NO.			
1	NO	718-78-1816	CHAR	T-CL	INIC
-	18.	CALLSE OF DEAT	H		APPROXIMATE INTERVAL
	330,91	CAUSE OF BEAT	"		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH	A NAMEDIATE CAL	SE ADTEDIOSCI	MOTIC.	CARDIN VACOULHA
	(This daes not meon the made at dying,	e.g., DIE TO OP AS	A CONSEQUENCE OF:	0190110	C11C101011301011C
	heart failure, asthenio, etc. It means the dis	ease,	DISEASE		
	injury or camplication which coused deoth.)		101 SENSE		
	ANTECEDENT CAUSES	$\hat{\Lambda}$	1.0	11-11	
		(B)	14136165	MELLI	14
	DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the obove cause (A) slating	Ihe			
	UNDERLYING CONDITION last.	(c)			
	- 11				
z	II	7010			
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI				
4	DISEASE OR CONDITION GIVEN IN PART 1 (A).				***************************************
S	19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WER	FINDINGS CONSIDERED
E	WAS PERFORMED			IN CERTIFYING C	AUSES OF DEATH?
2	21	Table at a second	1 Jane		
0	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	fice bldg INTURY OCCUP	(If In Boltim	ore City, give exact location)
0	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	ffice bldg., INJURY OCCUR?	(If In Boltim	ore City, give exact location)
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, of	in or about 21C. WHERE DID INJURY OCCUR?	(If In Boltim	ore City, give exoct locotion)
DICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) Doy) (Year) Hour)	home, form, factory, street, of etc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?		ore City, give exact location)
WEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) Doy) (Year) Haur) OF INJURY	home, form, foctory, street, of etc.) 21 E. INJURY OCCURRED	ffice bldg., INJURY OCCUR?		ore City, give exact location)
WEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) Doy) (Year) Hour)	home, form, factory, street, of etc.)	21F. HOW DID INJU		ore City, give exact location)
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) [Day) (Year) [Hour) OF INJURY (A PPROX.)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work	e	URY OCCUR?	
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MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) lost sow the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C.PHTSICIAN'S NAME (Type) . BURIAL CREMATION, 124B. DATE 24	home, form, foctory, street, of etc.) 21E INJURY OCCURRED While At	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU And DIP Grand the death. And Med. Director Directo	9 69 taat in (my) (our) of Phys.	oinian deoth accurred an the date
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY ((APPROX.)) 22. I certify that (I) (this haspital) attended that (I) (we) lost sow the deceased alive and haur and fram the causes stated abance (Type) 23C. PHTSICIAN'S NAME (Type)	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At At Work ded the deceased fram	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU And DIP Grand the death. And Med. Director Directo	9 69 taat in (my) (our) of Phys.	23B. DATE SIGNED 7 / 1 / 6 9
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) lost sow the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. PHTSICIAN'S NAME (Type) BERNOVAL ISpecify) 24B. DATE 24B. DATE	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram	21F. HOW DID INJUNE OCCUR? 21F. HOW DID INJUNE 21F. HOW DID INJUNE 21F. HOW DID INJUNE 21F. HOW DID INJUNE And Director 23D. ADDRESS EMATORY. 24D. 14	9 69 taat in (my) (our) of Phys.	23B. DATE SIGNED 7 (1 6 7 0 A L T. CEN ACS City, town, or county) (State)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) lost sow the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) . BURIAL CREMATION, 24B. DATE 24B. DATE 24B. DATE	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU And DIP Grand the death. And Med. Director Directo	9 69 taat in (my) (our) of Phys.	23B. DATE SIGNED 7 / 1 / 6 9
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) lost sow the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. PHTSICIAN'S NAME (Type) BERNOVAL ISpecify) 24B. DATE 24B. DATE	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED White At Not White At Work ded the deceased fram	21F. HOW DID INJUNE OCCUR? 21F. HOW DID INJUNE 21F. HOW DID INJUNE 21F. HOW DID INJUNE 21F. HOW DID INJUNE And Director 23D. ADDRESS EMATORY. 24D. 14	9 69 taat in (my) (our) of Phys.	23B. DATE SIGNED 7 / (6 7 0 A L T. LEN AUS City, town, or county) (State)
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) lost sow the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. PHTSICIAN'S NAME (Type) BERNOVAL ISpecify) 24B. DATE 24B. DATE	home, form, foctory, street, of etc.) 21E. INJURY OCCURRED White At Not White At Work ded the deceased fram	21F. HOW DID INJUNE OCCUR? 21F. HOW DID INJUNE 21F. HOW DID INJUNE 21F. HOW DID INJUNE 21F. HOW DID INJUNE And Director 23D. ADDRESS EMATORY. 24D. 14	9 69 taat in (my) (our) of Phys.	23B. DATE SIGNED 7 / (6 7 OF LT. CEN HOS City, town, or county) (State)

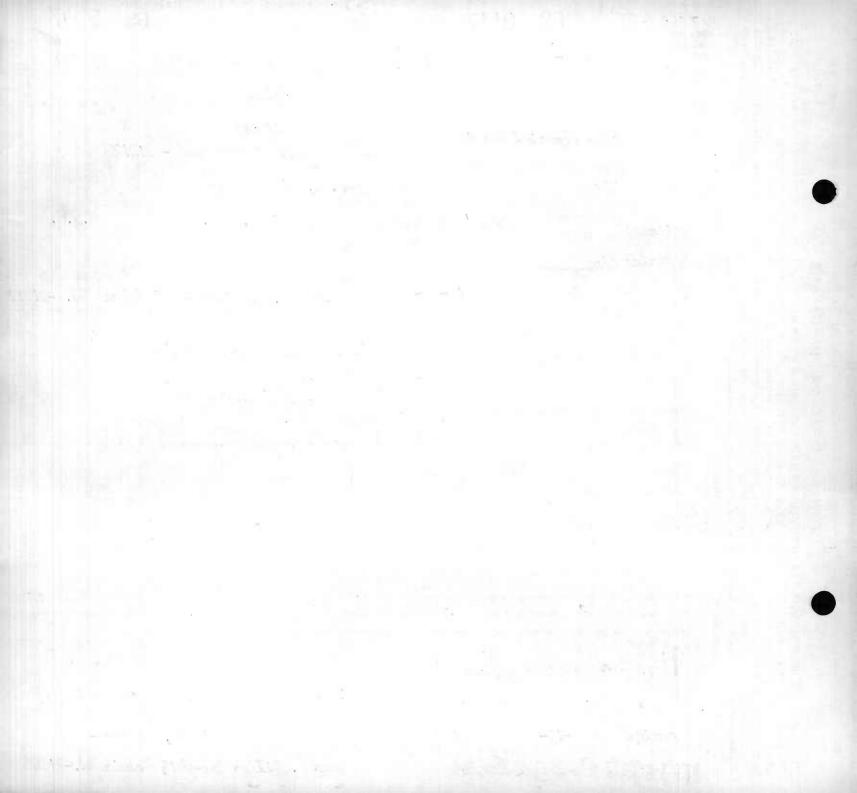


Mary Line Still and a language of the second of the second Brand Commission of the State of

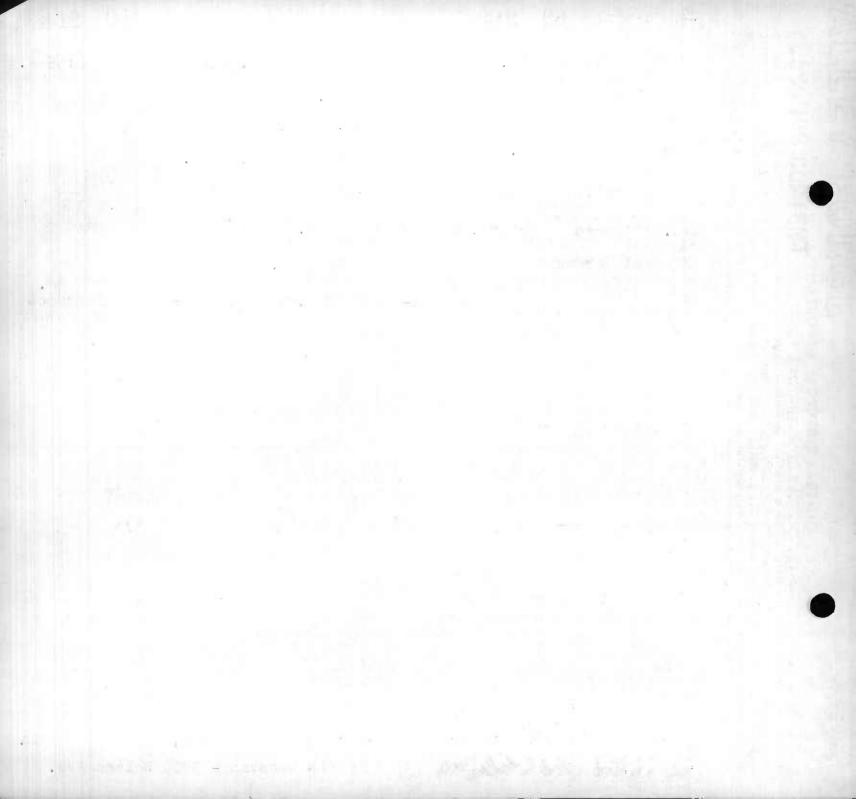
IMPORTANT

FUNERAL DIRECTOR:

4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission D. INSIDE CITY LIMITS? NO 4207 A York Road - 21212 If Under 24 Hrs. Hours Min. tl Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? Woodrow W. Harrison 4207 A York Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacottan) ond that in(my) (out) apinion death occurred on the date 23B, DATE SIGNED written approval (Stote) deceased Was Miller Inc-6415 Belair Rd. -21206



1/	- 00	04.45	BALTIMORE CIT	HEALTH DEPART		60	04.40
BIRTH NO.	5 69	9148	CERTIFICA	TE OF DEA	the first contract to the contract of		9148
1. NAME OF DEC	Clarence	e L. He	errmann		Sept. 13, 1		4:55 A.
3. PLACE IN BALT	IMORE, MARYLAND, W	VHERE PRONOL	JNCED DEAD		ICE (Where deceased live B. COUNTY		e before admissi
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Md.		13	06
INSTITUTION				C. CITY OR TOWN		D. INSIDE CITY LIMITS?	
00				Baltimor		YES 🔀	NO [
3326	Chestnut A	ve.			estnut Ave.		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	ors If Under 1 Yr. Months: Doys	If Under 24 I
Male	White	WIDOWED		1/26/189		Widning Doy's	74111
	PATION (Give kind of working life, even if refired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OI	F WHAT COUN
Rtd.Pol		Balto	City Polic	e Md.		US	SA
13. FATHER'S NAM				14. MOTHER'S MA	IDEN NAME		
Michae	1 Herrmann			Mary C	avey		
S. Wos Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDR	RESS Rd.
No	(II yes, give war ar date	es at service/	220-14-214	OA Mrs.R	uth Althofi		
DISEASES ON HISE IN THE PROPERTY OF THE PEAT	plication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) i CONDITION last. I I ICANT CONDITIONS CO H BUT NOT RELATED TO T	any, giving slaling lhe	(B) DUE TO, OR AS	A CONSEQUENCE C	DF:		
DISEASE OR CO	OPERATION 19B. CON WAS PER	IDITION FOR V	WHICH OPERATION	20 A. AUTOPSY?	Yes or No) 20B. IF YES, IN CERTIFYII	WERE FINDINGS CONS NG CAUSES OF DEATH	SIDERED 1?
U 21A. ACCIDEN	IT WAS UNDERLYING	7 21 B.	PLACE OF INJURY (e.g.,	in ar obout 21C, WHE	RE DID (If in)	Boltimore City, give exact	(location)
OR CONTRIBU	TING CAUSE OF	hom etc.)	e, farm, factory, street, c	ffice bldg., INJURY O	C CU R?	bominore City, give exocr	ioconon,
O 21 D. TIME	(Manth) (Day) (Year)	(Hour) 21F	INJURY OCCURRED	21 F HOW	DID INJURY OCCUR?		
S OF INJURY	(1110)		ile At Not Whi		DID HISOKI OCCOK.		
(APPROX.)		Wor			16		7
22. I certify	that (I) (th ts hospita	t) attended t	he deceased fram	June	17 19 69 to	Sept 1	3 19 6
that (4) (we)	last saw the decease	ed alive an	Sept	13 19.69	and that In(my) (🚧 apinian death acc	urred an the
and have and	from the causes sta	ted abave. (4	(We) (did) (did not)	view the bady afte	r death.		
23A. SIGNATU	RE	1	1			23 B. DATE SIGN	NED
Her	1/2	erlaen	DE GREE PH	ending Med. Direc		9/15	169
23C. PHYSICIA	N'S (pe)	6	aconte.	23D. ADDRESS	D.	a Pan	. 10
He	RMAW	BRECH	ER, MD, GEGBER	443	2. 25	ST. Dalle	more. and
24A. BURIAL CREA	MATION, 24B. DATE	24C. NA	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town, or coun	ity) (Stot
Burial		'69 Me	adowridge C	emetery	Baltimore	9.	Md
25A. DATE REC'D			OF REGISTRAR	2SC. FUNERAL		A	DDRESS



IMPORTANT	Also, if the direct or contributing cause of death use of any kind; (4) Undetermined cause; (5) Deceased snounced death was in regular attendance on the attendance on the deceased prior to death. Such almed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	11/10	BALTIMORE CITY	HEALTH DEPARTMENT		00	04.40
	TH NO. AME OF DECEASED	49 CERTIFICA	TE OF DEATH	REG. NO	<u></u>	9149
	e or Print) Ch	, ,	2. DATE AND	HOUR OF DEATH	. 0	120P
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PROM	OUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	itution: residence	before odmission)
FUI	L NAME OF (IF NOT IN HOSPITAL OR INS. SPITAL OR ADDRESS OR LOCATION)		ML.	Y	//	1203
INS	TITUTION		BALTO:	D. INSIDI		10 🗆
-	319 E. 29TH. STREET		E. STREET AND NUMBER		123 🔄	10
0	0		319E, 29T.	H. STAEL	7	
5. \$	EX 6. RACE 7. MARRIE WIDOWE	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9.	AGE (In years st birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)		WHAT COUNTRY?
	Housewise		SCOTIANO		U.5	A
13. [ATHER'S NAME		14. MOTHER'S MAIDEN NAM			
	Alfred Rending			MAC KAG		
15. V (Yes	Vos Deceosed Ever in U. S. Armed Forces? no or unknown}(lif yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
	No -	NONE.	FRANK MAIER	319 E, 29	MSI B	n/Tollyd
	18. 28/101	CAUSE OF DEAT	H .			MATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Kern	eoun an	Passed		
	(This does not mean the mode of dying, e.		A CONSEQUENCE OF:	to or water		
	hearl failure, asthenia, etc. It means the diseasinjury or complication which caused death.)	e. ASP	UD - Ch C	marder	0	
	ANTECEDENT CAUSES		riling			
M	DISEASES OR CONDITIONS, if ony, givin		CONSEQUENCE OF:			
	rise to the obove cause (A) stoting to UNDERLYING CONDITION tost.	ne Clerk	al arter	up lile	un.	
	1	(APP)	-1- 1(100-1) S	troben		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA		al of a	Von On	610 227	
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).		1300 AUTOREWS (Von or No)	208 15 455 4505 514	IDINGS CONSID	ERED
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OFERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?	PEKED
CER	21A. ACCIDENT WAS UNDERLYING	1 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(II in Boltimore	City, give exact lo	cotion)
CAL		ome, form, foctory, street, ol tc.)	fice bldg., INJURY OCCUR?			
0	21 D. TIME (Month) (Doy) (Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
2		While At Not While Nork At Work	• 🗆 e		4 -	
	22. I certify that (I) (this haspital) ottender		1269 1 19	60.	J 11	1964
	that (I) (w) last saw the deceased alive a	50,410/	19 69 and that	in(my) (of) apini	an death accur	red on the date
	and hour and from the causes stated obave.	the state of		97		
	23A SIGNATURE			[2	B. DATE SIGNE	D/
	Dribed W Illin	16 2 M DEGREE Phys	nding Med. S	taff hys.	9/12/	69
1	23C, PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	·	0 0	21314
	DONALDW MI	VIRER	3009 EURICA	en ane	Balla	ome.
24A	REMOVAL (Specily)	NAME of CEMETERY OF CRE		CATION (City,	town, or county)	(Stote)
C	REMATION 9/12/69 6	OUDON PARI	E BA	LTO. Md		
25A	DATE REC'D BY HEALTH DEPT.	E OF PREISTRAR	25C. FUNERAL DIRECTOR		ADD	RESS
1 2	EBI & 1909 Acres or despe		E.S. MALNA	1BB 212	325	
1/5	50-REV. 1/1/6B	2 3	201			

IMPORTANT

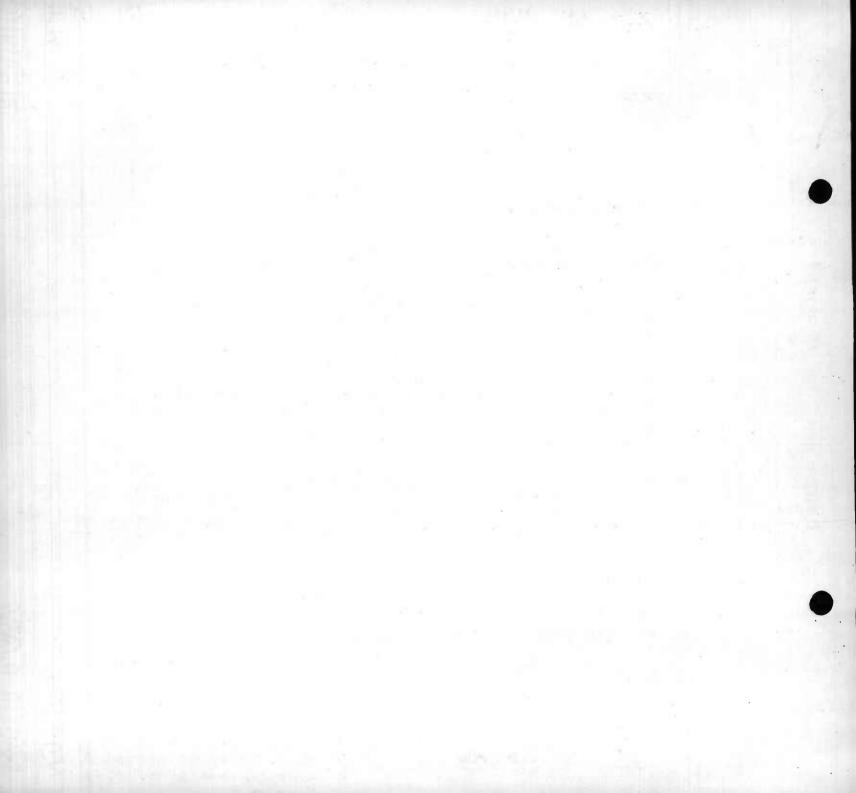
FUNERAL DIRECTOR:

D = 1 1 00 010	BALTIMORE CITY	HEALTH DEPARTMENT	1	
P-362 69 915	CERTIFICA	TE OF DEATH	REG. NO	69 9150
BIRTH NO. I. NAME OF DECEASED	<u> </u>		ND HOUR OF DEATH	77,0
(Type or Print) PETERSEN, SARAH	HENRIETTA		2/69	1 11 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission!
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOGATION)	ISTITUTION, GIVE STREET		BALTO.	DE CITY LIMITS?
ST AGNES HOSPITAL		BALTIMORE	D. INSIL	YES NOW
BALTIMORE, MARYLAND		E. STREET AND NUMBER		163 TI HAVA
		3610 DU	IRLEY LANE	
5. SEX 6. RACE 7. MARS	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours Min.
FEMALE WHITE WIDON		8/7/86	82 VDC	Mulias Days Hadis Mills.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		NEW YORK		U.S.A.
13. FATHER'S NAME	V-W-	14. MOTHER'S MAIDEN NA	ME	
THOMAS RILEY		HENRIETTA	(BERO)	
15. Was Deceased Ever in U. S. Armed Farces? (Yes,na ar unknown) (III yes, give war ar dates af servi	ce) 1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	220 48 966	T ST ACNEC		TO., MD. 21229
18. 4/ / 1 And 1	CAUSE OF DEAT		HUSP., WIL	KENS & CATON APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		. 0		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	se Ac. Puli	monay o	redema .
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	1	
injury or camplication which caused death.)	C.		·	
ANTECEDENT CAUSES	(B) C7	1-1 : 1-1:	S.C.V.7	
DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating		A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
Z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yas at No		INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		YES	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING TICALISE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, al	or about 21C. WHERE DID	(II In Baltimare	City, give exact location)
S DEATH (notify medical examined	etc.)			
OF INJURY (Manth) (Day) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work At Work	· 🗆		
22. I certify that (X (this hospital) attende		8/19	1969 to 9/1	2 19 69
that (X(we) last saw the deceased alive	on9/12/			ian death occurred on the date
and hour and fram the causes stored above	. M) (We) (did) (XiX X6X)			
23A. SIGNATURE				238, DATE SIGNED
141110-	AFZ AHO	nding Med.	Shaff Phys.	
23 C. PHYSICIAM'S NAME (Type)		23D. ADDRESS	,	
M. AF2MZ	- 79'D	CATON & WILKE	NS AVES B	ALTO-MD.21229
	C. NAME of CEMETERY of CRE			, town, ar countyl (Stole)
Burial Sept. 16, 6	9 Greenfield Ce	m. Ues	mpstedd New 1	Vanle
25A. DATE REC'D BY HEALTH DEPT. 258 NA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	mps ve au New .	ADDRESS
SEP 16 1969 (48ed E) Jak	ey KD.	Lering Byers	3728 Liberty	Rd. Randallstown

that the later will be a later of the later

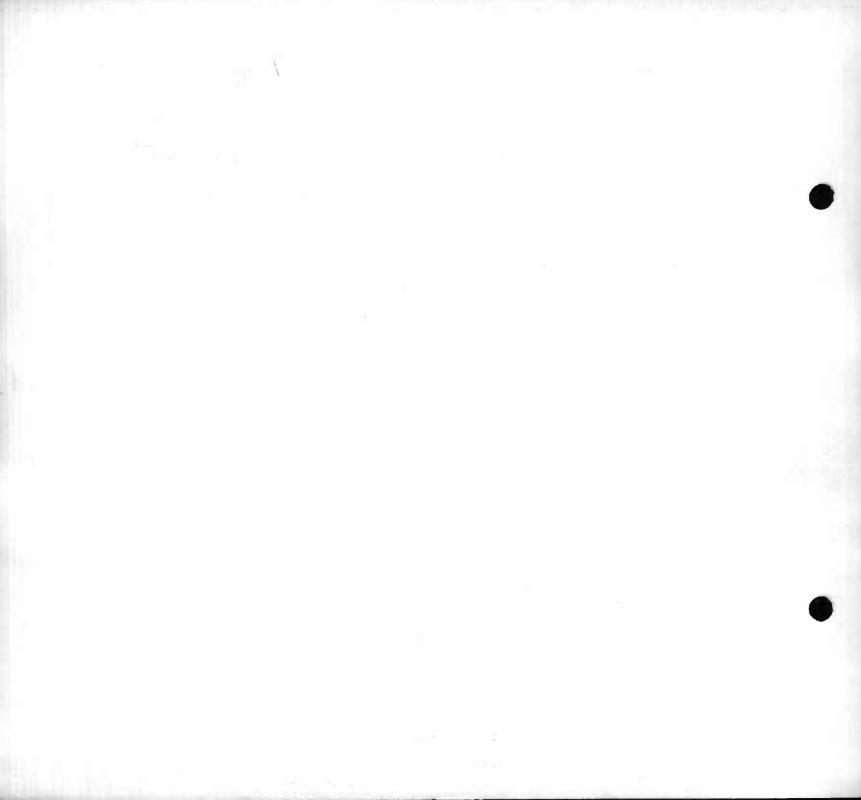
Importational by grantal BSVS along animal and animal areas animal areas and animal areas and animal areas and animal areas animal areas and animal areas and animal areas and animal areas animal areas and animal areas and animal areas animal areas and animal areas animal ar

	2 - 00	04 54	BALTIMORE CITY	HEALTH DEPARTMENT		69 9151
J -50	25 69	9151	CERTIFICA	TE OF DEATH	REG. NO	09 9191
NAME OF DE	CEACED			DATE AN	D HOUR OF DEATH	
Type or Print)		- M T-1-				1 1:000
2 81 4 65 41 84		T. John			10,1969	stitution: residence before admission)
FULL NAME OF	LTIMORE, MARYLAND, V (IF NOT IN HOSPIT ADDRESS OR LOC		TION, GIVE STREET	Maryland 212	12	10E CITY LIMITS?
(C)	Edgewood 1			Baltimore	D. 11N3	YES NO .
70	6000 Bello			5651 Govane A	venue	
SEX	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
Male	White	WIDOWED	DIVORCED	Jan. 31, 1893	76	
	CUPATION (Give kind of wor working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
Carper			vernment	Maryland		USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	AE	
Cla	rence Johnson	n		Josephine Wood	field	
5. Was Decease Yes, no or unknow	d Ever in U.S. Armed Fo	orces? les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
War 1	Army		215-09-1217T	Edna M. Johnson	(Sigter)	Come
18. // >	3 0 1		CAUSE OF DEAT	1	(DIBCOL)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VOLTO THE DEAD DISEASE OR		ony, giving sloting the ONTRIBUTING THE TERMINAL ART 1 (A).	(B) DUE TO, OR AS (C) WHICH OPERATION	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U 21 A. ACCIDI	ENT WAS UNDERLYING [UTING CAUSE OF y medical examiner)	21 B, hom etc,)	e, form, foctory, street, of	n or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
O DEATH (notif	y medicol exominer					
21D.TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED le At Not While k At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certif	y that (1) (this hospita	ol) ottended ti	ne deceosed from	July 26 1	1969to	Sept 10 1969
) last saw the deceas			5 1969 ond the	at in(my) (our) op	inion death occurred on the dat
23A. SIGNAT		(I	/ (e/ (era/ (ulu ilot) (ton the body ulter deorn.		23 B. DATE SIGNED
1	1 1	1/11	Atte	nding Med.	Staff	0-11-10
23 C.PHYSICI		ollen	DEOREE	23D. ADDRESS	Phys. L.J	7-11-69
NAME	Dr. Frede	erick J	Vollmer	6100 York Road	Boltimono	MA 21212
24A. BURIAL CR REMOVAL	EMATION, 248. DATE		AME of CEMETERY OF CRI	6100 York Road		ity, town, or county) (State)
Burial 25A. DATE RECY EP16	Sept 12	5 69 Pros	spect Hill Cer	Eugenia K. Se	itz 5209 Yo	ork Road
/C 150 DEV 1/1	/4.0		7 7 7	Ocitz Funeral	Home Balf	to. Md. 21212



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	17-35	Y HEALTH DEPARTMENT 69 9152
		ATE OF DEATH REG. NO.
	Type or Panti Bennie L'Adams	2. DAY AND HOUR OF DEATH
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
11 1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
3	8 University of Maryland Hospital	BATO-25 YES NO DE STREET AND NUMBER 2720 CLAFLINGT
5.	6. RACE 7. MARRIED MEVER MARRIED WIDOWED DIVORCED	8. DATE OF SIRTH 9. AGE (In years light Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
de	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY and during most of working life, even if retired)	11. BIRTHPHACE (State or foreign country) 12. CLITZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Bennie Holms	Vlney
15	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
L	No	Tule ADOM 2730 CIRCIN OF
	18. 199.0 CAUSE OF DEATI	APPROXIMATE INTERVAL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	STATIC CA PRIVIARY UNDERRINED
	(This does not meen the mode of dying, e.g., heart failure, osthenia, etc. Il meens the disease,	A CONSEQUENCE OF:
	Injury or complication which caused death.)	em12 2° to 1
	WILL CEDENI CHOSES	
	DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) staling the UNDERLYING CONDITION last. (C).	A CONSEQUENCE OF:
II.,	II .	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	,
CERTIFICA	1994 DATE OF OPERATION 1985 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off	or about 21C. WHERE DID (If In Boltimore City, give exoct lacation)
MEDI	(APPROX.) While At Not While	21F. HOW DID INJURY OCCUR?
	22. I certify that (6) (this hospital) attended the deceased fram	19 / 19 / 19 / 19 / 19 / 19 / 19 / 19 /
	that (I) (was) lost saw the deceased alive on 9//)	19 69 and that In(my) (our) op/nian death accurred an the date
	ond haur and from the couses stated above. (1) (We) (did) (differ) vi	lew the body ofter deoth.
	23A. SIGNATURE Atternation	nding Med. Sheff FT
	23C. PHYSICIAN'S NAME (Type)	SD. ADDRESS (In the per the of 11/2 then
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREF	(Side)
	BURIAL 4-16-69 MI. CALVER	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF SEGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
IÈ	FP 1 6 1969 Jaber E. Nauber, 166.	CHARLES A RICE 661 W. BARRE ST.



	1. NAME OF DECEASED (Type or Print) RUTH ALSUP OR RUTH BERGER 2. DATE Knawn Manth Day Yeor OF DEATH Estimated	Haur
38	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 3. DATE Month Doy Year PRONOUNCED DEAD September 14,1969 5. USUAL RESIDENCE (Where deceased lived. If institution: residence be	Hour 4:19 A M. Defore odmissian)
77	UNIVERSITY HOSPITAL (DOA) A. STATE Maryland B. COUNTY	2101
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Female Negro WIDOWED DIVORCED Baltimore YES	NO 🗆
	9. DATE OF BIRTH 11-19-25 10 AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Days, Hours, Min. Months, Days, Hours, Min. 652 W. Barre Street	
	11. BirthPLACE (State or foreign country) Maryland 12. CITIZEN OF UNHAT COUNTRY? Russell Berger	
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Sarah Elizabeth Smith	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. Sarah Berger 652 W. Barre St	•
	(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTO	PSY? (Yes or No) Partial)
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in ar about INJURY OCCUR? 22C. WHERE DID (If in Baltimore City, give exect location) INJURY OCCUR? INJURY OCCUR? 22F. HOW DID INJURY OCCUR? WHILE AT WORK MOT WHILE AT WORK	
	Certify that I held an Inquiry Inspection Partial and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner	
	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
	SIGNATURE M.D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	9/14/69



IMPORTANT
DIRECTOR:
FUNERAL

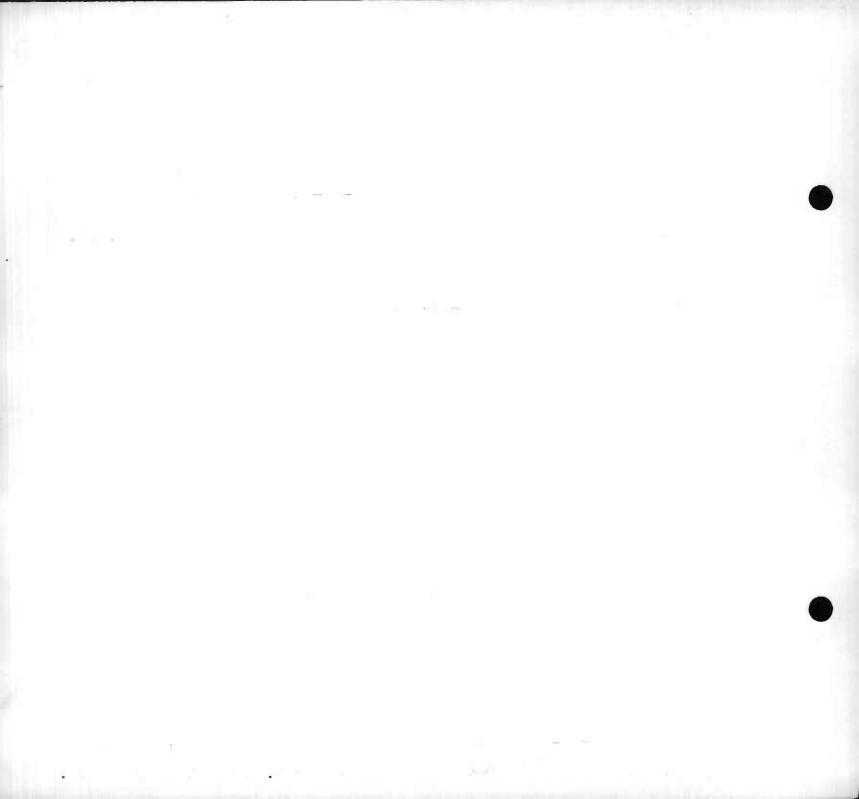
approved

assistant

and

hospital

BALTIMORE CITY HEALTH DEPARTMENT 9154 CERTIFICATE OF DEATH REG. NO. Such rect or contributing cause of death (4) Undetermined cause; (5) Deceased 1. NAME OF DECEASED (Type or Print) WILLIAM 2 DATE AND HOUR OF DEATH uo O 9/7 ATTERSO N 69 eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before admission) ance FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) attend C. CLIY OR TOWN 2 D. INSIDE CITY LIMITS? UZIO BURNIE NOF YES prior E. STREET AND NUMBER NIVERSITY HOSPITAL 7355 regular MACU made 9. AGE (In years lost birthdoy) 5. SEX 6. RACE deceased 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months! Doys If Under 24 Hrs. 11-25-82 WIDOWED DIVORCED disposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? = done during most of working life, even if retired) Retired U.S.A. M ds the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME KNOWN 0 NKNOWN death kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)[(if yes, give war or dates of service) 6. SOCIAL or final ADDRESS SECURITY NO. attendance 18-07-7679 No any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A)IMMEDIATE CAUSE | NTRA CEREB (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: HEMORPHAGE heart failure, asthenio, etc. It means the disease. regular injury or complication which caused death.) who ANTECEDENT CAUSES YEARS DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stoling the physician UNDERLYING CONDITION last before the remains MOS a medical Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). iRACT physician LNATHY Month the 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 19A DATE OF OPERATION 20A. AUTOPSY? (Tes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? any nature; (2) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURT OCCUR? where (If In Boltimore City, give exact location) to the hospital °Z MEDICAL DEATH (notify medical examined obtained 9 21 D. TIME |Month| (Doy) (Year) Houd 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (except Not While While At (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased from eath); pe that (I) (we) last saw the deceased alive on, and that in (my) (our) opinion death occurred on the date hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. was released must 23A. SIGNATURE 0 23B, DATE SIGNED Attending Phys. 2 Med. Director approval 69 8 DEGREE 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at MARCIE DAUR 24A. BURIAL CREMATION, 24B. DATE deceased 24C. NAME of CEMETERT OF CREMATORT D.O. he body 24D, LOCATION [Cily, town, or county] (Stote) shows: Burial 8-15-69 Baltimore, Maryland Mt Auburn OF REGISTRAR 25C. FUNERAL DIRECTOR Charles R. Law 802 Madison Ave. VS 150-REV. 1/1/68



	69 9155 BALTIMORE CITY HEALTH DEPARTMENT	
542 7080	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	69 9155
CUS	BIRTH NO.	0. 00 0100
542 3080	1. NAME OF DECEASED (Type or Print) Bernard Collier 2. DATE Known Amonth Doy OF Estimated 9 12	69 Yeor 8:00 a. M
42	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Year Haur
9	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 6. USUAL RESIDENCE (Where deceased lived. If institution in the control of the co	69 8:00 a. M.
1	1407 Madison Ave. A. STATE New York MARYLAY	1 1 111 4 0
	MARKED INTEREST	CITY LIMITS?
	male colored widowed Divorced Far Rockaway	YES NO L
	June 1916 June 1916 Jost birthdoy) 54 Months, Doys Hours Min. 1407 Madison Ave.	
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
	Far Rockawaym N.Y. WHAT SOUNTRY? Bernard Collier, Sr. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
	Construction Work	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) Yes WWIT 137-14-2177 George O. Wilson, 140	
	19.571.91 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH	
	(A) IMMEDIATE CAUSE CITITIOS TO LETTER (This does not mean the mode of dying, e.g., heart foilure, astherio, etc. It means the disease,	
	injury or complication which caused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	0-0 m m m m m m m m m m m m m m m m m m
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give home, form, factory, street, office bldg., etc.) INJURY OCCUR?	exact lacation)
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
	(APPROX.) m. WHILE AT WORK AT WORK	
	I certify that I held an Inquiry 🗌 Inspection 🗌 Autopsy 🔀 and that an this basis, death in m	ny apinian
	resulted from: Natural causes Accident Suicide Hamicide Undetermined manne	r 🗆
	ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	
	NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner	9/12/69
	REMOVAL (Specify)	own, or county) (State)
	Burial 9/13/69 Baltimore National Baltimore, 1 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Maryland ADDRESS
	Charles R. Law, 802	Madison Ave.
	VS 151-REV. 1/1/68	

is a serial

VS 150-REV. 1/1/68



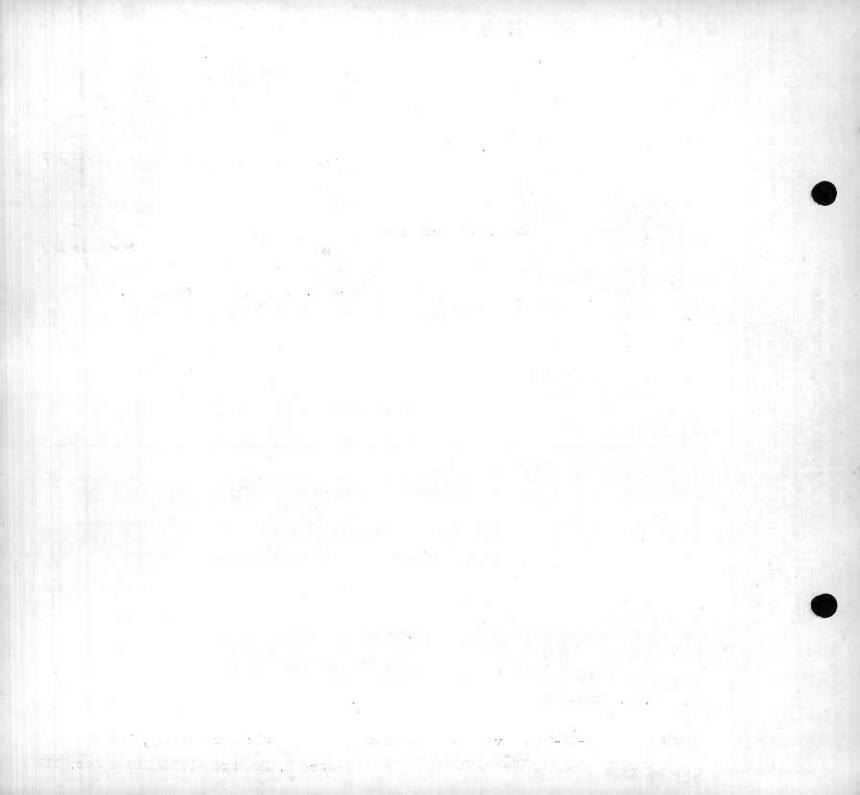
H-1	453	69	915	8			HEALTH DEP		X REG.	NO	6	9	915	8
INAME C		SED			OLK III		12 01 1							
(Type or Pr		HYLAND,	VELLI	FT	FRESA				PTEMBER		106	0 6.	20	A
3. PLACE	IN BALTIA	ORE, MARYLAND,	WHERE PRO	NOUN	CED DEAD		4. USUAL RE	SIDENCE (W	here deceased liv	ved. If in	stitution: 1	residence b	30 eloro odi	mission)
FULL NAME HOSPITAL	OR	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INS	TITUTI	ON, GIVE STREET	т	MARY I		BAIND CD		DE CITY L	2122	29 5	30
,		ST AGNES		_			BALT			0. 11131	YES 🗍		οП	
11		CATON & W					E. STREET AN						<u> П</u>	
7		BALTIMORE	, MAR	YLA	ND 2122	9	4109	WILKE	ENS AVEN	IUE				
FEMA		WHITE	7- MARRII WIDOW		NEVER MARRIED	=	8. DATE OF BI		9. AGE (In ye	ors	II Unde Months	Days H	I Under	24 Hrs. Min.
		TION (Give kind of wor	LIOR KIND	OF BL	USINESS OR IND	USTRY	11. BIRTHPLAC	E (State or I	O I		112 617	75N 05 W		
HOU	SEWIF	king life, even if refired)						LAND	oreign country;			U.S.A	•	UNTRIT
3. FATHER	'S NAME						14. MOTHER'S		AME					
MIC	HAEL	GANNON					XXXXX		CHUGH					
os, no or u	nknown) (II	er in U. S. Armod Fo yes, give war ar del	cos: es of sorvic	el 16	SECURITY NO.		17. INFORMAN	T C	ATON &	WILI	KENS	ANE N	UES	
NO		-		2	12-09-1	093	ST AGN	VES HO	SPITAL	REC	ORDS			
18.		OR CONDITION DI ADING TO DEATH	RECTLY		CAUSE OF		Ca	of eou	lon e hear	t fo		APPROXIA BETWEEN O	MATE INT	ERV AL D D EATH
hoarl	lailure, osl	mean the mode of henia, etc. It means	the diseas	g., se.	(A) IMMEDIAT	OR AS A	CONSEQUENC	E OF:				***************************************		
injury	ar camplie	calian which caused	death.)	,			Cero	brat	throm 6.	0115	Ì			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:														
rise I	SES OR Ia Ihe (CONDITIONS, if	any, givi	ng he	DUE TO, (OR AS	CONSEQUEN	CE OF:						
UNDE	RLYING C	ONDITION fast.			(C)		sen	ility	do	***********		******		
E ITO THE	DEATH B	NT CONDITIONS CO	HE TERMINA	G LL	***************************************	*								
19A. DA	TE OF OP	ERATION GIVEN IN PAR ERATION 198. CON WAS PER	DITION FO	R WHI	CH OPERATION		20A. AUTOP	SY? (Yes or	No) 20B. IF YES,	WERE F	INDINGS ISES OF	CONSIDE DEATH?	RED	
21A. AC	CCIDENT NATURE (notify me	WAS UNDERLYING DIG CAUSE OF] 2 h	1B, PL/ ome, I	ACE OF INJURY (form, foctory, stre	(e.g., In et, affi	or about 21 C, y ce bldg., INJUI	HERE DID	(If In	Boltimore	City, giv	e exoct loca	otion)	
DEATH 21D.TIA	URY	onth) (Doyl (Yoor)		1E. IN.	JURY OCCURRED		21F. H	OW DID IN	NJURY OCCUR?					
(APPRO			1	Nork		While Work	_							
22. 1 c	ertify tho	t (X) (this hospital) attended	the c	deceosed from.	AUI	GUST 5		19 69 to	SEP:	TEMB	ER 14	19_	69_
ond ha	ur ond fre	t saw the decease om the causes sta	ed above.) (X	Ae) (qiq) %(%)	Xt) v1	w the hody	after death	thot InOX(n)X() (oi	ur) opin	Ion deat	h occurre	ed on th	e date
23A. SIG	NATURE							strer death	•		23 B. DAT	E SIGNED		
	Prich	a Bornsa	roung	M	DEGREE	Atten	ding A	Ned.	Shaff Phys.			14 69	9	
23C. PH	YSICIAN'S ME (Type)				DEGREE	23	D. ADDRESS							
4A. BURIA	P RIC	ION. 248 DATE			M.D DI	EGREE CREA	CATON 8		LOCATION		-BAL			2122
	VAL (Spec	9-17-69	- 1		imore Na				Baltimor				(3	iote/
	REC'D BY	HEALTH DEPT.	25R NAM	OF R	EGISTRAR	3201	25C. FUNER	AL DIRECTO				ADDRE		229
150-REV					9 1			71 7	1					

17574 The first street are sent to be such

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State we want to be a first or and the state of the state

1 256)	BALTIMORE CITY	HEALTH DEPARTMENT	V	69 9159
69 91	59 CERTIFICA	TE OF DEATH	REG. NO	00 0700
BIRTH NO.	00.		HOUR OF DEATH	
Type or Print) David W	LOUD	9-17	. / .	17Pm M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUN GED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	MD. Bo	eltimor	eG 53-00
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		IDE CITY LIMITS?
Franklin Square 14	OSPITAL	E. STREET AND NUMBER	1	YES NO
36		3209 STa	Hly Ro	aD 21227
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH / 9	. AGE (ly years	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours! Min.
M WIDO		5-25-96	73	
tOA, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
	ere Copper/Brass	VITGITIA		U.S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Rose	2 VEHHALDT
NaThaniel Lloy	D	A-G Thati	0/1/0	41
5. Was Deceased Ever in U. S. Armed Forces? Yes, na or unknown) (If yes, give war or dotes af serv	1 6. SOCIAL SECURITY NO.	Anna C. Lloyd	2200 542-1	ADDRESS
yes Army 1917	212-10-55	0 ()	3209 Stallte	ey Ru. 21227
180	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		/	4 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL		CA	1 year
(This does not mean the mode of dying, heart foilure, osthenio, etc. It meons the disc		A CONSEQUENCE OF:		V
injury or complication which caused death.) ANTECEDENT CAUSES		V		
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, gi	9	A CONSEQUENCE OF.		
UNDERLYING CONDITION last.	(C)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NC			
10 THE DEATH BUT NOT RELATED TO THE TERMI				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltima	re City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, at	fice bldg., INJURY OCCUR?	(iii iii oo iii ii oo ii ii oo oo	
O 21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
S OF INJURY (APPROX.)	While At Not While			
	Work At Work		-10	3=1310
22. I certify that (1) (this haspital) attend	0 .17	1. 16	969 to 9	19.6.7
that (I) (we) lost saw the deceased alive	THE PARTY OF THE P		t in(my) (our) op	fnion deoth accurred on the dot
and hour ond from the couses stated above	re. (We) (did) (444-1) v	iew the body ofter deoth.		DATE SIGNED
23A. SIGNATURE	Atte	nding Med.	Staff [23B. DATE SIGNED
23C. PHYSICIAN'S OUCKOVE	DEGREE Phy	s. Director 1 23D- ADDRESS	Phys. 🖵	9-15-67
NAME (Type)		THE NOT O	1	0 1 0 00 0
	OEGREE	MATORY 24D. LO	CATION 10	ity, town, or county) (Stote)
REMOVAL (Specify)				
	Woodlawn Cemete	ry Balt	imore Coun	ty, Maryland
	Sen Met		bard 4107	Wilkens Ave. 21229
25-5 1 P 1200 Mag. 1	7.4-1	15 1 4 5		
/S 150-REV, 1/1/6B				



	ributing cause ributing cause; (5 rined cause; (5 ular attendan ad prior to de
	occe, ontri ermi regu regu seasec
	or condet on condet or con
IMPORTANT	or his assistant if a Also, if the direct re of any kind; (4) I nounced death we attendance on the med or final dispo
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	2 21	X		BALTIMORE CIT	Y HEALTH DE	ARTMENT			
BIRTH	3/6	69	916	O CERTIFICA	TE OF	DEATH	REG. NO	-69	9160
	ME OF DECEA	SED				2. DATE AL	ND HOUR OF DEATH		-2.00
2 2		STABE, Ch	arles	William			9-13-69	1	8:45 P A
3. PL	ACE IN BALTIA	ORE MARYLAND,	VHERE PRO	NOUNCED DEAD	4. USUAL RE	SIDENCE IWHE B. COUR	ere deceased lived, If it	nstitution; reside	nce before admission
FULL HOSI INSTI	NAME OF			TITUTION, GIVE STREET	Mary]		In INS	DE CITY LIMITS	53
	Vet			tion Hospital	Po7+4		0. 1143	YES -	No□
	J. "	O Loch Rav			E. STREET A				
-		Ltimore, Ma	ryland	21218	1929	Griffis	Avenue	1/230	
5. SEX		RACE	7. MARRI	ED X NEVER MARRIED	8. DATE OF B	RTH	9. AGE (In years last birthday)	If Under 1 Y Months Doy	6 if Under 24 Hrs. 8 Hours Mine
		aucasian	WIDOW		1-29-	94	75		· Moss
tOA, U done d	ISUAL OCCUPA furing most of world	ATION (Give kind of working life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11, BIRTHPLA	CE (State or fore	righ country)	12. CITIZEN	OF WHAT COUNTR
-	ri ckma sor				Kiel	Germany		11	S.A.
3. FA	THER'S NAME					MAIDEN NA	ME		.D.A.
Wi	lliam St	abe			Chris	tina			
5. Wo	os Deceased Eve	yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMAL	IT TEA TE		a ADI	DRESS
Ye				8 212-01-27-96A	D-344		spital Recor		
18		-20-17 60	2-7-1	CAUSE OF DEAT		more, M	aryland 2121		PROXIMATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY						EN ONSET AND DEATH
	LE	ADING TO DEATH		ALL BANKEDIATE CAL	Acute	respirat	tory failure	3	B Days
(1	his does not	mean the mode of henia, etc. It means	dying, e.	9- (A) IMMEDIATE CAL	A CONSEQUEN				
in	ijury ar complic	atian which caused	death.)	se,					
	ANT	ECEDENT CAUSES		Chronic	obstruct	ive pulr	monary disea	ase l	
D	ISEASES OR	CONDITIONS, II	anv. civi	DUE TO, OR AS	A CONSEQUEN	CE OF:	monary arses	150	***************************************
ns	se la fhe d	bave cause (A) ONDITION last	staling 1	he					
	NDEKLIING C	ONDITION last.		(c)					***********
Z	THED SIGNIEICA	II NTCONDITIONS CO	LITOIOLIYIA						
Ĕ ITC	THE DEATH R	IT NOT RELATED TO T	HE TERMINIA	l					
S 19	A-DATE OF OP	ERATION 198 CON	T) (A).	R WHICH OPERATION	20A. AUTO	ST? (Yes or No	N 208 IS VEC WERE	EINDINGS CON	ICIDENED.
CERTIFICA 10 12	5	WAS PER	FORMED				IN CERTIFYING CA	USES OF DEAT	H?
21	A. ACCIDENT	VAS UNDERLYING] 2	1B. PLACE OF INJURY (e.g., in ame, farm, factory, street, af	or obout 21 C.	NO WHERE DID	(If In Baltimor	e City, give exo	of location)
N DE	ATH (natify me	dicol exomined	h	ame, farm, factory, street, af tc.)	lice bldg., INJU	Y OCCUR?			
21	D.TIME (M	onthi (Doyl (Yearl	(Hour) 2	1E INJURY OCCURRED	215 1	LNI DID WO	Hay Occurs		
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7	-REV. 1/1/68					- Ma Hor	TLU/ W	TINCIIO 1	

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25A. DATE REG'D BY HEALTH DEPT. VS 151-REV. 1/1/68

FUNERAL DIRECTOR ADDRESS Cully 237 Patapace Ave. 21,225

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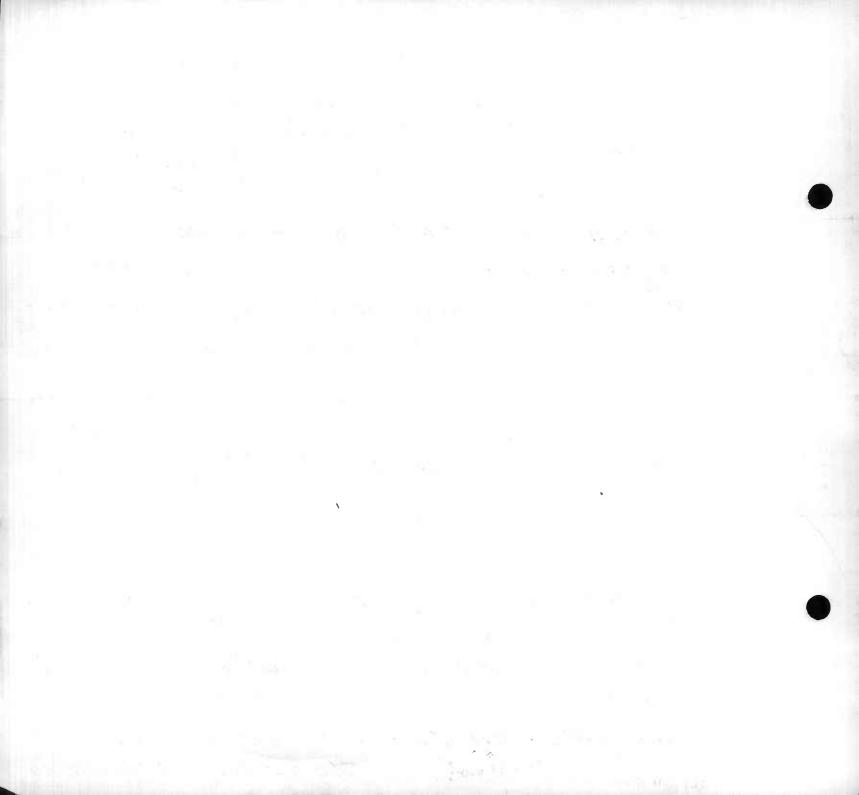
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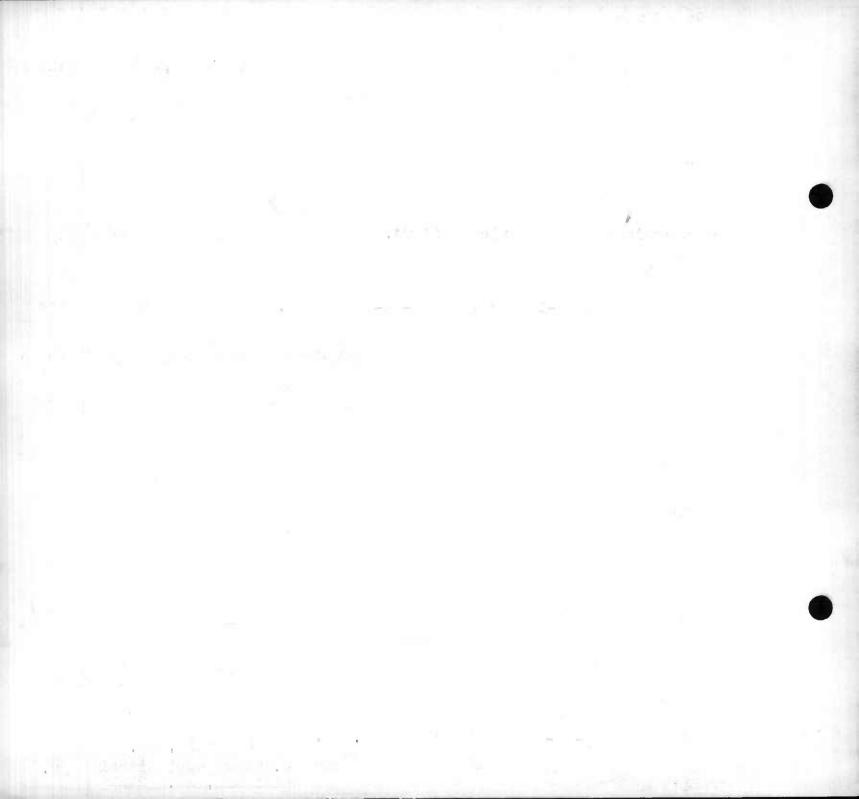
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C. E. HICKS IF PRINCIPLES POLL

	RTH NO. CERTIFICA	ATE OF DEATH REG. NO. 69 9163				
	NAME OF DECEASED CHRISTOPHER BRA	DY Sept. 13, 1969 17:00 P.				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A, STATE B, COUNTY				
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITES				
- 11	CHURCH HOME AND HOSP	BACTIMORE YES NO				
	BATTO, MD, 21231	717 S EAST AUNUE.				
	SEX 6. RACE WIDOWED NEVER MARRIED WIDOWED DIVORCED	5/10/04 loss birthdoy 65 Months Doys Hours Min.				
10	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA CE IState or lorige country) 12. CITIZEN OF WHAT COUNTRY?				
	HELPER TRUCKING	BALTIMORE MO DISA.				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	GEORGE V. BRADY	CATHERINE SPENCER.				
TS.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	NO - NONE	MADELINE CHASE 528 DALE AVENUE,				
	DISEASE OR CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	use acute Respustary Parque unde.				
		A CONSEQUENCE OF:				
	injury or complication which caused death.)					
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR A	S A CONSEQUENCE OF:				
	ise la the abave couse (A) stating the UNDERLYING CONDITION last.					
Z	II girona	Clarate Grant Superio				
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	ation paidation une.				
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
ZA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, of the contribution of the contributio	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? (If In Boltimoro City, give exact location)				
MEDI	21 D. TIME (Month) (Doy) (Yeos) (Hous) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
<	(APPROX.) While At Work At Work	le 🔲				
	22. I certify that (Mathis hospital) attended the deceased from that (Wee) last saw the deceased alive an	19 69 and that in the Cour) opinion death accurred on the date				
and that the courses stated above. (1 (We) (did) (did not) view the body ofter death.						
23A. SIGNATURE 23B. DATE SIGNED						
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
24/	A. BURIAL CREMATION, 24B, DATE 124C, NAME of CEMETERY OF CR	(00 0				
	BURIAL SEPTIG-69 HOLY REDEE	tally tally a south				
25/	A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
	CFP 1 6 1969 Robert E Jankey M.B.	THE DIPPEL BROS INC THOBELAIR RO				



	R BALTIMORE CITY	HEALTH DEPARTMENT
	1 11-2/50 55	TE OF DEATH REG. NO. 69 9164
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Type or Print Leo Rust	September 9,1969 7:20 PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived of institutions regidence before admission)
	HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Mercy Nospital	Baltemaio YES NOT
0	Baltimore Md	E. STREET AND NUMBER
made	5. SEX M 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (M yeors If Under 1 Yr., If Under 24 Hrs. Ilimber 24 Hrs. Months Doys Hours Min.
is	WIDOWED DIVORCED	M9- + 140 M9
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1 dane during most of working life, even if retired)	11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY?
disposition	Pump Engineer American Oil Co.	arkansas U.J.a.
pos	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
dis	andrew Rust	Barthy Levenn
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	7. INFORMANT ADDRESS
final	WW I 6 Sept 18-16 Dec 18 216-03-	9962 Mrs. Magdalene Amerson Same
0	18. 53 8 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
P	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PA DO CO
<u> </u>	(This does not mean the mode of dving as (A) IMMEDIATE CAUS	consequence of: 2-3 days
pqu	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
E B	ANTECEDENT CAUSES	memer conte
are	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the	CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
9	II II	4
remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Ca Culm-Resented
9	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
0	9/4/69 Resertion Postup Grium Coli	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before the	U 2/A. ACCIDENT WAS UNDERLYING 21E. PLACE OF NJURY (e.g., in one, lorge, foctory, street, office and office	oyabout 21 C. WHERF DID (II In Baltimore City, give exact location)
ģ	O DEATH MONEY MEDICAL EXOMENSES	
ained	OF INJURY (APPROX.) Continue of the contin	21F. HOW DID INJURY OCCUR?
ptai	Work At Work	
ا ه ا	22. I certify that (5) (this hospital) attended the deceased fram	8-19 19 69 to 9/9 1969
å	that III (we) last saw the deceased alive an 9/9	19 6 9 and that in (our) apinion death accurred an the date
must	and haur and from the causes stated above. (#) (We) (dld) (did not) vie 23A, SIGNATURE	
	malle and Attend	ling Med. Shoff Ch.
2	23 C. PHYSICIAN'S DEGREE Phys.	ing Med. Stoff Phys. Phy
5	The state of the s	M H / D //
approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	Mercy Hospital Baltemore
	Buria 1 9-12-69 Glen Haven Me	m Die
ritten	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Gien burnie, Ma.
≥	SEP 1 6 1989 Robert E. Farber, M.D.	25G funeral Director Gonce 4001 Ritchie Hgy.
115	VS 150-REV. 1/1/68	Baltimore Md. 21225



	B-5=	32 69	04.0E	BALTIMORE CITY	HEALTH DEPARTMEN	17	
В	RTH NO.	09	3703	CERTIFICA	TE OF DEAT	H REG. NO	69 9165
1.	NAME OF DEC	EASED	1 . 1			E AND HOUR OF DEATH	
		BENTS,				Sept 15, 196	9 12:27 Am,
3	PLACE IN BAL	TIMORE MARYLAND, V	HERE PRONO	UN CED DEAD	4. USUAL RESIDENCE A. STATE B. C	IWhere deceased lived, If in:	stitution: residence before odmission)
FI	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MD. Z	BALTIMORE	2534
İN	NOITUTITE				C. CITY OR TOWN		DE CITY LIMITS?
V	Sout	TH BALTIN	TA		Baltimon	re	YES NO
_		RAL HOSP	11112		533 /	ANNABEL ,	Ave
	M	6. RACE	WIDOWED		8. DATE OF BIRTH	9. AGE (In years last birthday) 8 3	Months Days Hours Min.
10 do	A. USUAL OCCU	JPATION (Givs kind of work working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of		12. CITIZEN OF WHAT COUNTRY?
	Machin	ist—	Arur	ndel Corp.	Md.		U.S.A.
13.	FATHER'S NAME	lius			14. MOTHER'S MAIDEN	NAME	
	LAMB	ERT BEN			MARIE	SchuTTE	
15. IY e	Wos Deceased	Ever in U. S. Armed For liff yes, give wor ar dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0 1 1 1 1 1	ADDRESS
	No			214-01-2143	Cornelius	T. Bents	Same
	18. 5 6 2	2./1		CAUSE OF DEATH		D. Dellos	APPROXIMATE INTERVAL
		E OR CONDITION DI	RECTLY			0	BETWEEN ONSET AND DEATH
		LEADING TO DEATH	dving an	(A) IMMEDIATE CAU	SE SUSPECTED	PERITONITIS	
	heart failure,	asthenia, etc. It means plication which caused	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:		
		INTECEDENT CAUSES	dedm,)	14	TT-T-11A.	. A	
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS			I ESTIONAL	OBSTRUCTIO		
	I USE TO The Chove course (A) station the		/				
	UNDERLYING CONDITION last. (c). DI			VERTICU/ITI	5		
NO	OTHER SIGNIFI	II CANT CONDITIONS CO	NTRIBITING		,,	- /	
ATI	ITO THE DEATH	BUT NOT RELATED TO THE	IF TERMINIAL	CONGEST	IVE HEART I	FAILURE	
TFIC	19A-DATE OF	OPERATION 198 CON	DITION FOR V	HICH OPERATION	20A. AUTOPSY? IYes o	No 208, IF YES, WERE FI	NDINGS CONSIDERED
ERTIFI		one			NO	IN CERTIFYING CAU	SES OF DEATH?
7	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	/ lam	PLACE OF INJURY (e.g., in e, farm, factory, street, alli	or obout 21 C. WHERE DI	D (II In Boltimore	City, give exoct locotion)
DIC			O etc.)	No		Vope	
MEI	OF INJURY	(Month) (Doy) (Year)		At Not While	21F. HOW DID	INJURY OCCUR?	
	(APPROX.)	No	AAOH	AI WORK		NORS	
		that (1) (this hospital)		e deceased from	7/12	19 64 to 9	115 1969
	,	ost sow the decease	-	9/15	19 6 9 and	d that in (my) (our) opini	on death occurred on the date
	and hour and	from the causes state	d obove.	(We) (did) (did not) vi	w the body ofter dea	th.	
	23A. SIGNATUR	1/0/	1	Ma	<i>t</i>		38, DATE SIGNED
	/kom	os // Shaw	Ver 11	Atten Phys.	Director L	Shoff Physical Physic	Jept 15, 1969
	23 C. PHYSICIAN NAME (Ty	pe)		23	D. ADDRESS		
244	BURIAL CREAT	ATION, 248. DATE	laca see	GEGREE			
. 10	KEWOAY (2	pecily)		ME of CEMETERY of CREA	4 1 11	LOCATION (City,	town, or county) (Stote)
257	Burial	9-17-6		Holy Cross		Baltimore,	Maryland
230	CEDIF	1959 (28c 18 1	25B. NAME O		George J.	Gonce 4001	Ritchie Hgy.
VS	150-REV- 1/1/61	19.00	1		Baltimore		21225

SCALIN SHILMERE ELLERAL HOSPITHE 533 MARKER MIX 11/3/86 33 14 14 All the second of the second o 165 6 LAMBERT BENTS MIRKIE WKITE Suggested Telesconsults WITESTICK THE CBSTRUCTION is warmalines. CONSESSION HENRY IN HUNCE

ADDRESS

24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION REMOXAL (Specify) AITHS 1 GARDENSO 258. NAME OF REGISTRAR **FUNERAL DIRECTOR** ACZOROWSK VS 151-REV. 1/1/68

STEERIN FITTER LOCAL PASS VIBERGARDET KELLY YE'S WILL IN THE PARTY THEN FAMIL SERT FRE BALTIMORE CITY HEALTH DEPARTMENT

H-45	2 MFT			CERTIFICATE OF DEA	тн 69	9167
IRTH NO.	77125	TOAL LA	WILL VEICO	SERTIFICATE OF DEA	REG. NO.	72.01
NAME OF DEC			HELINSKI	2. DATE Known Month OF Estimoted	Doy Yeor	Hour
PLACE IN BALT	TIMORE, MARYLAND, V	WHERE PRONOU	NCED DEAD	3. DATE Month	Doy Yeor	Hour M.
ULL NAME OF OSPITAL OR INSTITUTION	(IF NOT IN HOSPIT		, GIVE STREET	PRONOUNCED DEAD Sept 5. USUAL RESIDENCE (Where decease	ember 11, 1969	9:15 A. _{M.}
00	10 S. Broady		om #4	A. STATE Maryland	B. COUNTY	301
SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?	
Male	White	WIDOWED	DIVORCED	Baltimore	YES A	NO 🗌
DATE OF BIRTH	1 10. AGE (I		r 1 Yr. If Under 24 Hrs. Doys , Haurs , Min.	E. STREET AND NUMBER		
11-22-18	898 6	70	00,5	10 S. Broadwa	v. Room #4	
I. BIRTHPLACE (S	tote or foreign country)		ZEN OF	13. FATHER'S NAME	1 ,	
MARY	110	WH	AT COUNTRY?	ANTHONY HA	Linski	
A.USUAL OCCUP			SINESS OR INDUSTR	15" MOTHER'S MAIDEN NAME	~//3//	
	orking life, even if retired)	1 1	, 0	Viatrain V	2400	
WAS DECEASE	D EVER IN U.S. ARMEI	FORCES? 117	SOCIAL	1B. INFORMANT	ADDRESS	
es, no or unknown)	(If yes, give wor or dotes	of service)	SECURITY NO.	MAPE VAL- 2: 111	ATTERS 19AM	C
119.	1-31-31-	7-30-3415	CAUSE OF DEA	THIND, VALERIA W.	GLIEKS 1101	PPROXIMATE INTERVAL
141	2,44					WEEN ONSET AND DEATH
0	OR CONDITION DIRE	CTLY	Arterios	sclerotic cardiovascu	lar disease	
	EADING TO DEATH of meon the made of dy		(A)IMMEDIATE C			
heart failure,	osthenio, etc. It meons the	e diseose,	DUE TO, OR	AS A CONSEQUENCE OF:		
Injury or com	plication which coused de	oth.}				
AN	TECEDENT CAUSES		(B)			
DISEASES C	R CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:		
	ABOVE CAUSE (A) STA	IING IHE	(c)			
5			(C)	***************************************		
OTHER SIGN	II IFICANT CONDITIONS C	ONTRIBUTING				
2 TO THE DEA	TH BUT NOT RELATED TO	THE TERMINAL				
	OPERATION 208. CO		HICH OPERATION W	AS PERFORMED	21. AUTO	OPSY? (Yes or No)
3						
₹ 22A. FXTER	NAL CAUSE WAS	228 PI A	CE OF INITIPY	in or obout 22C. WHERE DID (If in Bolti	mare City also exact lecation)	Yes
UNDERLYING	OR CONTRIB-	home, fo	rm, foctory, street, offic	e bldg., etc.) INJURY OCCUR?	more city, give exect toconony	
UTING LI CAL	USE OF DEATH.	-) (H) [225	INJURY OCCURRED	22F. HOW DID INJURY O	CCUpa	
OF INJURY	Month) (Doy) (Yeo	, , ,		WHILE C	CCORP	
(APPROX.)		m. WO		ORK L		
23.					. 4-4-	
		-	_		is, deoth in my opinion	
result	ed from: Natural cau	ses A Acc	ident Suicio	le Homicide Undete	rmined monner 🔲	
ACTUAL	(1/ X		1	CHIEF MEDICAL EXAMINI	ER 📙	DATE SIGNED
SIGNATU	IRE MAN -	17,0	FALL M.D	ASSISTANT MEDICAL EXAMIN	ER X	
EXAMINE NAME (T	R'S Charles	S. Spring	gate, M.D.	ASSOCIATE MEDICAL EXAMINI	R September	11, 1969
4A. BURIAL CREA	MATION, 24B. DATE	24C.	NAME of CEMETERY	or CREMATORY 24D. LOCATI	ON (City, town, or county	(Stote)
EMOVAL (Specif	y) 9/1-1	1910 0	1 111:	auc Com Bot-	mage n	10
DIARIAL	1/15/	167 07	. UTANIST		MORE IV	<i>.</i>
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME O	REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS	r.
CEP16	1969 Robert	C Agener	. ec 00	RAYMWD L. KAC	ZAROWSK, 25	25 TLEET
JLI AU		1				

OL 3 1881-00-17 manyers it s. A. ANTHONY HELINGE KI MARGARIA C C+ E VICTORIA VOHICA YES THE THE YOU SHEFT PART THE VALERIA WATERS 1907 COLLEN principal distance of the paid are an impart The state of the s Roman L Kiewania Ki 2009 (Res 10)

1	1		Y HEALTH DEPARTMENT		69 9168
BIRT	1-632 69 916	38 CERTIFICA	TE OF DEATH	REG. NO	DIOO
	AME OF DECEASED		2. DATE ANI	HOUR OF DEATH	
	Chert W/	unne	Sent	11-1969	9:17 Am. M
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		institution: residence before admission)
FUI	LL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	miltone m	ianos Nu	rain Home.
HO	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
1	14- 200	Ballimne F	milford B	rally Co	YES NO
-	mai - Hospital)	E. STREET AND NUMBER	.00	(3-0)
	42: Ballinner h	$\sim D$.	4206 milla	J. hull	P.D 33-43
5. S	EX 6. RACE 7. MAR	RIED NEVER MARRIED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	F WIDO	WED DIVORCED	2/22/82	87	
	. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
done	e during most of working life, even if retired)		Rus.	Nico	USa
13.	FATHER'S NAME		14. MOTHER'S MAIDEN HAN	JE .	7977 0 100
	0		Jan Jan	at Co.	1803 10086
16 :	Lacon	14 00000	17. INFORMANT	. CSON	ADDRESS
	Was Deceased Ever in U. S. Armed Farces? one of unknown) (If yes, give wor or dates of serv	Vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_			Josh Cherth	M 19	303 Rula Jenra
	18.4 60 44	CAUSE OF DEAT	H	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		2. 2. 0	V	
	LEADING TO DEATH	(A)IMMEDIATE CA	USE Bil. Rronch	meento	ne 3 days
	(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	02060-	2. 1. 1. 2.
	injury or complication which coused death.)	, n	rechanical the	stenal or	sind 4 days
	ANTECEDENT CAUSES	(B) (C)	Chesun)		
	DISEASES OR CONDITIONS, if any, g	11 + 1119	S A CONSEQUENCE OF:		
	rise to the above couse (A) stating UNDERLYING CONDITION last.				
	CADERETING CONDITION 1031.	(C)			
z	II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMI				
ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	1919/69 WAS PERFORMED	man day on olan	0/1	IN CERTIFYING CA	AUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF NJURY (e.g.	in ar about 21 C. WHERE DID	(If in Baltima	are City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR!		
20	21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUP?	
MEDI	OF INJURY	While At Not Whi		SKI OCCOR.	
	(A PPROX.)	Work At Work		,	
	22. I certify that (1) (this hospital) atten-	ded the deceased from	9/8,1	96910	7/13 1967
	that (I) (we) lost saw the deceased alive	an 9/13	19 6 7 and the	nt in (my) (our) op	inian death occurred an the dot
	ond hour and from the couses stoted abo	, ,			
	23A. SIGNATURE				23B. DATE SIGNED
	D. 1/1 d/1. n		rending Med.	Staff Phys.	9/13/63
	22C PHYSICIANS	DEGREE Ph	ys. Director L	Phys. 50	111-107
	23C. PHYSICIAN'S NAME (Type)	TA AL AL S	The state of the s	1.3	
	PHILIP YU	DEGREE		- 1708 F	ITAL .
244	051401401 (5 11)	4C. NAME of CEMETERY OF CE	Λ.	CATION (C	City, town, ar county) (State)
(Burnel Sept 15, 1961	Chrun am	mo B	allo	UNCV
25 A	A. DATE REC'D BY HEALTH DEPT. 258. N	AMPOF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	SEP 1 6 1969 V4500 EN VI	hillsey Mille.	Sichoan Lui	, d500 96	10 Resterolow Red
VS	150-8EV 1/1/68			10	

Some June 10- Jan Barteller

IMPORTANT

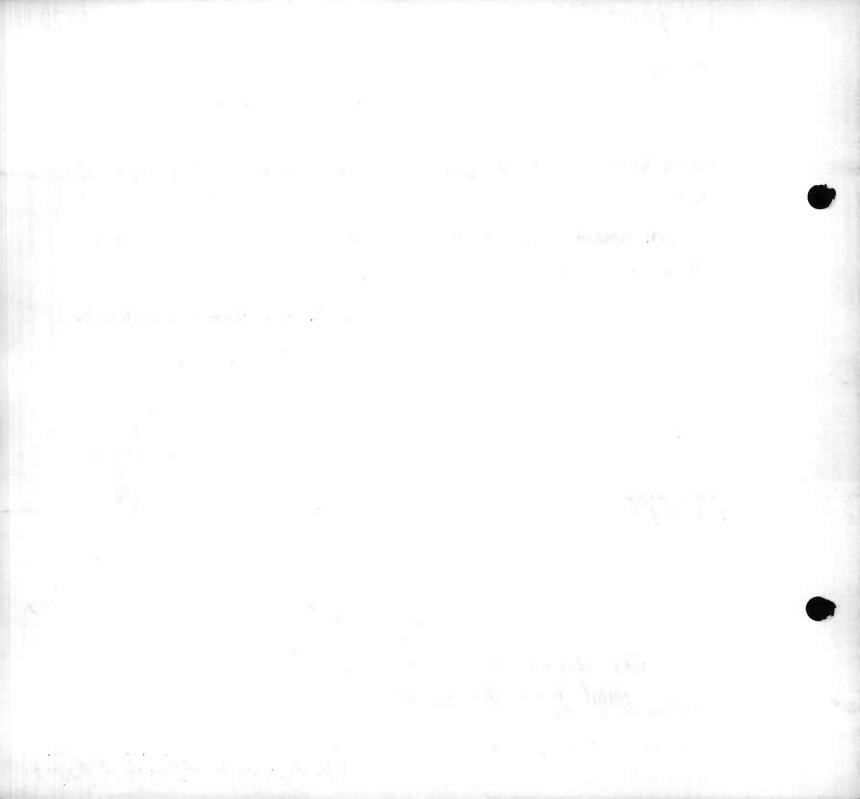
FUNERAL DIRECTOR:

Q n/ = -		BALTIMORE CIT	Y HEALTH DEPARTMENT		69 9169
0-260 6	9 9169	CERTIFICA	ATE OF DEATH	REG. NO	00, 0100
NAME OF DECEASED			2 DATE AL	ND HOUR OF DEATH	,
Type or Print)		17			12115
DR J	04N T	Becker			7 / LI43 M
3. PLACE IN BALTIMORE, MAI	YLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN		tufion; residence before odmission)
FULL NAME OF (IF NOT	IN HOSPITAL OF I	STITUTION, GIVE STREET	MD		15/1
HOSPITAL OR ADDRES	OR LOCATION	ASTRONOM, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
NSTITUTION	- 4	IGHTS AUE			YEST NO
3204 LIBE	TY He	10H12 HOE	E. STREET AND NUMBER		YES NO L
3764			E. STREET AND INOMBER	D - 1	0
00			3/04	beely The	ights are
S. SEX 6. RACE	7. MAR	RIE NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Th feors	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MW	WIDO	WED DIVORCED	APRIL 6, 1907	62	
			Y 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, eve					
PHYS. THERP			CALIF		USA
3. FATHER'S NAME	-		14. MOTHER'S MAIDEN NA	ME	
			0		
			16058		
S. Was Deceased Ever in U. S. Yes, no or unknown) (If yes, give	Armed Forces?	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
WO -	wor or doses or serv	1	1200 55000	0	5
1B. (()		219-05-835 CAUSS OF DEA	MRS SARA	Becker	APPROXIMATE INTERVAL
DISEASES OR CONDITI rise to the obove or UNDERLYING CONDITIO OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RE DISEASE OR CONDITION GT	nuse (A) stating N lost. TIONS CONTRIBUT LATED TO THE TERM!	(C)	S A CONSEQUENCE OF:		
19A. DATE OF OPERATION		FOR WHICH OPERATION	20A. AUTOPSY? (Yes of N	o) 208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED
U 21A, ACCIDENT WAS UND	ERLYING [218. PLACE OF INJURY (e.g.	, in or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAL	SE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
U					
OF INJURY (Month) (D	oy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)		White At Not Wh		1	
		Work At Wor	* 7	1	1 1.1 /6
22. I certify that (1) (thi	- hospital) ottend	led the deceased from	71.0-22	19 67 10 Se	14 1967
that (I) (we) lost sow th	e deceased alive	on Jentil	19 69 and th	hot in (my) (gor) opline	an deoth occurred on the date
		- V			
	uses stated aba	ve. (I) (me) (did) (did-not)	view the body ofter death.		
23A. EIGHATURE			/		38, DATE SIGNED
(worm	ween	DE GREE PH	tending Med. Director	Staff Phys.	Dept 14, 1969
23C. PHYSICIAN'S	KRAGE	R MD.	5708 NARCISS	US AVE.	2ACTO. 75, MD
24A. BURIAL CREMATION, 24E REMOVAL (Specify)		C. NAME of CEMETERY OF C			town, or county) (State)
12:0100	5115,1969	PETACH TIKU	111	222	MM
IDUKING >	DERT INSPANA			FIC 1 0	ADDRESS
2SA. DATE REC'D BY HEALTH	AS ZODA	ME OF REGISTRAR	2SC. FUNERAL DIRECTO		GUAD DA JOURN
FP 7 6 1969 VAG	STREET HERRICH	The contract of	Thom Shir	\$ 1500, INC	1010 Kornerson of
/S 150-REV 1/1/68	1				

The second of th MARKET WATER THE SAME

must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	iccident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be	the body was released	shows: (1) An accident o	was D.O.A. at a hospita	deceased prior to death	written approval must k	

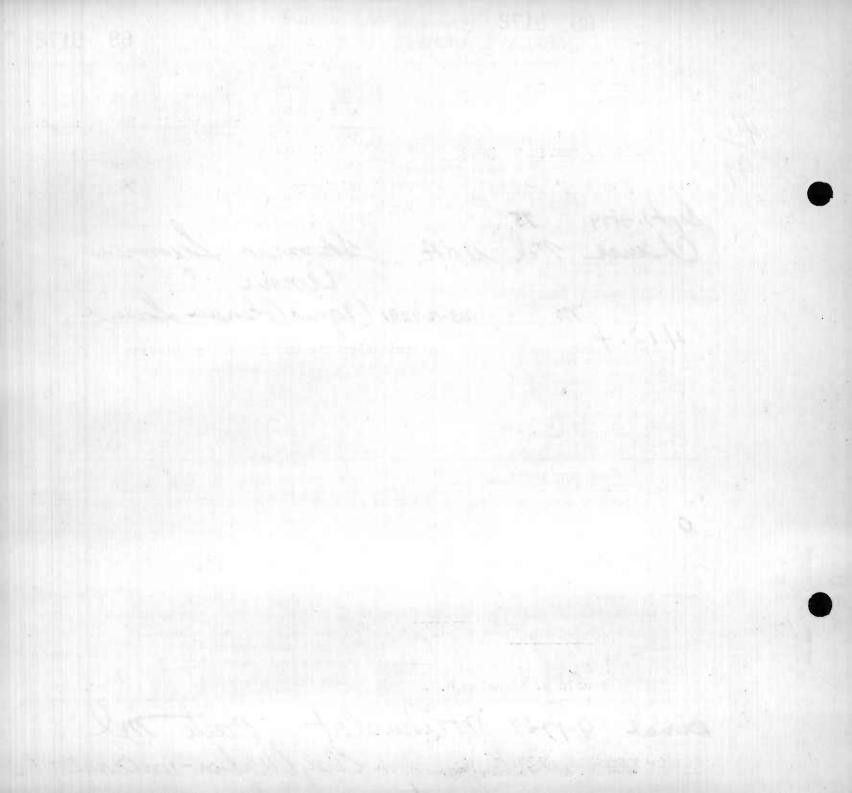
1112	SIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 69 9170				
	INAME OF DECEASED Type or Print) Me Daniels, Guido C.	2. DATE AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md Anne Arundel c. CITY OR TOWN D. INSIDE CITY LIMITS?				
ľ	43	E. STREET AND NUMBER				
	South Baltimore General Hospital	1707 Tarelton Way				
5	THE THE PER HORNIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 His., Months; Days; Mours; Min.				
11	Male White WIDOWED DIVORCED DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11-18-07 61				
d	one during most of working life, even if retired)					
1	Dro i manager con struction	OREGON USA				
	L. E. Ma Daniels	Susan 7				
li di	5. Wes Deceased Ever in U. S. Armed Ferces? es,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS				
Ш	laknown	Elena B. McDaniels - same as #4 above				
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUS	SE Peritonitis				
	heart loilure, osthenia, etc. Il means the disease, injury or complication which caused death.)	CONSEQUENCE OF:				
	ANTECEDENT CAUSES (B) Perforated Sigmoid Colan					
	DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoling the					
	UNDERLYING CONDITION lest. (c) Kup. A	Domindwoud CUA				
ACITA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART) (A).					
Sperior	3/21/16 969 WAS PERFORMED PACE	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
147	OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi	or ebout 21 C. WHERE DID (If In Boltimore City, give exect location) ce bldg., INJURY OCCUR?				
AEDI	OF INJURY (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While Mark At Work	21F. HOW DID INJURY OCCUR?				
	22. I certify that (i) (this hospital) attended the deceased from	Sept 7 1969 10 Sept 8 19 69				
	that (i) (we) lost sow the deceased alive on 11 PM 9/7	1969 ond that in (my) (our) opinion death occurred on the date				
	and hour and from the causes stated above. (I) (We) (did) (did-not) via 23A. SIGNATURE					
	Nabel Jaconb Journay M.D. Attention Phys.	ding Med. Shaff Phys. 9/8/69				
	OCORES	South Baltimore General 405pt.				
24	IA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREATERY					
	Burial 9/10/69 Our Lady of the F	Fields Millersville AA Md				
25	SEP 1 6 1969 Report & Jaben A. Jaben A. J.	Bever Ley B. Hopping Beally & thyprox				
VS	150-REV. 1/1/68	HOPPING FUNERAL HOME - Annapolis, Md.				



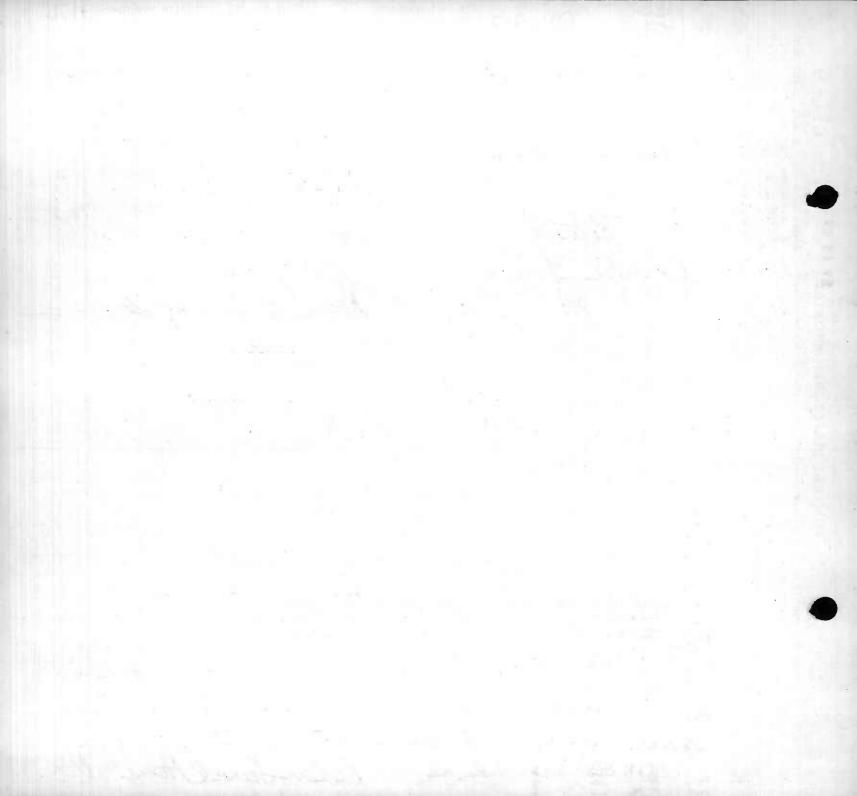
	1 1/5h 60 04	BALTIMORE CITY	HEALTH DEPARTMENT		60 0174
V	0-452 69 91	CERTIFICA	TE OF DEATH	REG. NO	00 9717
	H NO. AME OF DECEASED			D HOUR OF DEATH	
	e or Print)	11'200 B			1/40.
2 0	C/3/0/1 W//	HAMS F		15-65	stitution: residence before admission)
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE 8. COUN		istitution; residence before damission)
FUL	L NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	Maruland		1509
IN S.	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
6		, , ,	BAltimore	0	YES NO
1	Lythern Hospi	+A/	E. STREET AND NUMBER		
0	0,11001 12 110 1		4019 8	ato MA	n Aug.
5. SI	EX , 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	Ale Means WIDO		18 21 21	lost birthdoy	Months Doys Hours Min.
2	USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (Stote or forei	an country)	12. CITIZEN OF WHAT COUNTRY
	during mast of working life, even if retired)	1 . Control of the control	11. DIKTITEACE (Store of tote)	ga country	12. CHIZEN OF WHAT COUNTRY
	- We	stinghouse	Milliere	Mex	USA
3. F	ATHER'S NAME	()	14. MOTHER'S MAIDEN NAM	15	
	1700-10/10/		60.0	1000	
E 14	Juny Willia	ill some	Culle h	remus	ADDRESS
es,	Vas Deceased Ever in U. S. Armed Farces? no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	IAEC	115-11-12-1	12/1/1/1/6	100 111	
1	18. / 2 / 2	CAUSE OF DEAT	H / Walle 7	cycan	APPROXIMATE INTERVAL
	4 56, 7				BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1. 1. 0	. 1 1	6.4
	(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	espirany y	Pauline
	heart failure, asthenio, etc. It meons the dis-		A CONSEQUENCE OF:		
	injury or camplication which coused death.)		10		
	ANTECEDENT CAUSES	(8)	CerebroVa	escular 6	tecident-
	DISEASES OR CONDITIONS, if any, g		A CONSEQUENCE OF:		
	rise to the above couse (A) stating UNDERLYING CONDITION last.				
-	ONDEREING CONDITION [US].	(C)			***************************************
z					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI				
A	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A	1 000 15 110	
Ĕ	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERT					
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	fice bldg. INJURY OCCUR?	(If in Boltimar	e City, give exact location)
	DEATH (notify medical examiner)	etc.)			
5	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
5	OF INJURY	While At Not While			
	(APPROX.)	Work At Wark			
-	22. I certify that (1) (this hospital) attend	ded the deceased fram	1-15 PM 9.15.	969 to 44	SP.M /9.15.1969
-	that (1) (we) last saw the deceased alive	an 4.40 P.M /9			nian death occurred an the dot
				at In(my) (dur) opi	man death occurred an the dot
- 1	and haur and from the causes stated above	ve. (1) (We) (did) (did/nat) v	iew the bady after death.		
2	23A. SIGNATURE				23B. DATE SIGNED
	Dun mi	DL.	nding Med. Director	Staff Phys.	
1	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		
	NAME (Type)	nd ////	PI.	11/2011	0
	ZAHRER HHMI	AD KHAN DEGREE	10 Lotheran	Hospila	₹
24 Å.	REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CRI	MATORY / 24D. LO	CATION	ity, tawn, or county) (State)
1	200 -11-64	Thalla Mist	- Car	Malla	May
25A	DATE REC'D BY HEALTH DEPT 258 NA	MAE OF REGISTRAR	25C. FUNERAL DIRECTOR	Julio	ADDRESS
	SFP 1 6 1969 Cole 8. Va.	Ben M.D.	(M) (M)	•	er lat tils at at
à	OFL TO 1909 Groot A		Melogicalle	w	
	50-REV, 1/1/68	4			



VS 151-REV, 1/1/68



1 11 0	BALTIMORE CI	Y HEALTH DEPARTMENT	,	69 9173
1-524 6	9 9173 CERTIFIC	ATE OF DEATH	REG. NO.	00 0170
BIRTH NO.	CERTITIO		HALL AC DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH	
	Tinsley	4. USUAL RESIDENCE Where	5/69	tution: residence before admission
3. PLACE IN BALTIMORE, MARYLANI), WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	deceased lived, if insti	tution: residence before damission
FULL NAME OF (IF NOT IN HO	SPITAL OR INSTITUTION, GIVE STREET	Md Bal	t	5300
HOSPITAL OR ADDRESS OR I	OCATION)	C. CITY OR TOWN		CITY LIMITS?
33		Balt	Y	YES NO
Johns Hopkins I	lognital	E. STREET AND NUMBER		
doinis mobarits	Dept car	7/130 Decele	Avenue	
S. SEX	7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9.		If Under 1 Yr. If Under 24 Hrs Manths: Days Hours Min.
M.	WIDOWED DIVORCED	7 2 300	st birthdoy) 80	Manths Days Hours Min.
NA USUAL OCCUPATION (Give kind of	wark 10 Bo KIND OF BUSINESS OR INDUSTI	3/27/89 RY 11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTR
done during most of working life, even freti) 1	,	11 11
Reline	eck.	Henry (s. ()	ucunch	USK
3. FATHER'S NAME	0 .	14. MOTHER'S MAIDEN NAME		
Charl.	Tenala.1	maria	Tomes	
5. Wos Deceosed Ever in U. S. Armer	d Forces? V 6. SOCIAL	17. INFORMANT	some.	A DDRESS
(Yes, no or unknawn) (If yes, give war ar	dates of service) SECURITY NO.	D	1.	1
no	220-03-2529	Roset B.	Tursley	Same
18. 2 9 2 2	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OF CONDITION	DIRECTLY			BETWEEN GROEF AND DEAT
LEADING TO DEA	ATH (A) IMMEDIATE C	Heart.	failure	10 mi
(This does not mean the mode	of dying, e.g., DUE TO. OR A	S A CONSEQUENCE OF:	***************************************	
heart failure, osthenio, etc. It me injury or complication which can				
ANTECEDENT CAL	JSES	Renal :	failure	4 da
	(B)	AS A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, rise to the obove cause		9.		
UNDERLYING CONDITION last		6 P		
11				
OTHER SIGNIFICANT CONDITIONS				
TO THE DEATH BUT NOT RELATED I DISEASE OR CONDITION GIVEN IN				***************************************
	CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B.	PERFORMED	No	IN CERTIFFING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYIN	G 218. PLACE OF INJURY (e.g.	, in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore (City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	etc.)	office blag., INJURY OCCUR!		
U	(eor) (Hour) 21E. INJURY OCCURRED	215 HOW DID WILLIAM	NY OCCUPS	
21 D. TIME (Month) (Doy) ()	While At Not W	21 F. HOW DID INJUI	ii occok:	
(APPROX)	Work L At Wo		69 9/	75/60
22. 1 certify that (1) (this has	pital) attended the degeosed_from	5/ 11		19
	9/10	09		
that (1) (we) last saw the dec			in (my) (aux) apinio	an death accurred an the da
and haur and from the causes	stated above. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	P 11 111 111		2	38, DATE SIGNED
yame		ttending Med. St hys. Director Pt	hoff hys.	9/15/69
23C. PHYSICIAN'S	OEGRÉE	23D. ADDRESS		
NAME (Type) ₩		The Joh	nns Hopkin	s Hospital
	es E. Muller MD OEGR	1531 E. Moun	ument Ave.	Balt Ma.
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)	E 24C. NAME of CEMETERY OF C	REMATORY 24D. LOC	ATION (City,	town, or county) (State)
Durial Or-	hold Million	(m) m	artino 100	1/01
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	o worth	ADDRESS
	But E. Jabon M.D.	NIA.	1 the	2.0 //1/
	web or desired with	were the	neux NON	ue ou
VS 150-REV. 1/1/6B		3 9		



R-216 69 9174 BALTIMORE CITY HE MEDICAL EXAMINER'S	ALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO	69 9174
I. NAME OF DECEASED	2. DATE Known Month Day	Yeor Hour
(Type or Print)	OF 5	1eoi Mour
FRANK RICHBURG	DEATH	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	September 15	M.
In Auto In Front of 5120 Pembridge Avenue	S. USUAL RESIDENCE (Where deceosed lived, if institution A. STATE Maryland B. COUNTY	on: residence before odmission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore	YES NO [
A DATE OF BIRTH		ES LA NOL
lost birthdoy) 43	313 East Street	
(Magus 6-1906)		
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Aline 1 (protince led to	matthew Keekhu	el.
TAA. USUAL OCCUPATION (Orve kind of work 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	X.
done during most of working life, even Pretired)	Emme Boyki	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		ADDRESS
(Yes, no or unknown) (If yes, give way or dotes of service) SECURITY NO.	11. 1 moll cons	1 6 1 1 4 1
l les	unice Many 3836	IRIK HOUTERS
19. CAUSE OF DEA	ATH /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Fatty	W township of Times	
LEADING TO DEATH (A)IMMEDIATE	Metamorphosis of Liver	
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
O		yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. INTRO ☐ CAUSE OF DEATH.	, in or obout 22C. WHERE DID (If in Boltimore City, give exceeding, etc.)	xoct locotion)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(ADDROV)	T WHILE WORK	
23.		
1 certify that 1 held on Inquiry Inspection A	utopsy 🛛 ond that on this basis, death in my	y opinion
resulted from: Natural causes X Accident Suici	de Homicide Undetermined manner	
12.1/1/	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE A fruid Il Clare 6 M.	ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	9/14/69
NAME (Type) Ronald N. Kornblum, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tov	vn, or county) (State)
REMOVAL (Specify)		
	2.16/1 /1/1	1. T. m.
Dunal 9-18-69 014 ak	ay lot all Con	enty mel
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ay of UNERAL DIRECTOR	Leuty Mel
	ay of all all con	senty Mel
25A. DATE REC'D BY HEALTH DEPT. SEP 1 6 1969 Pales E. Jales, M.D. VS 151-REV. 1/1/6B	ay of all a la Con Liey Oly Son 1001	Buty Mel

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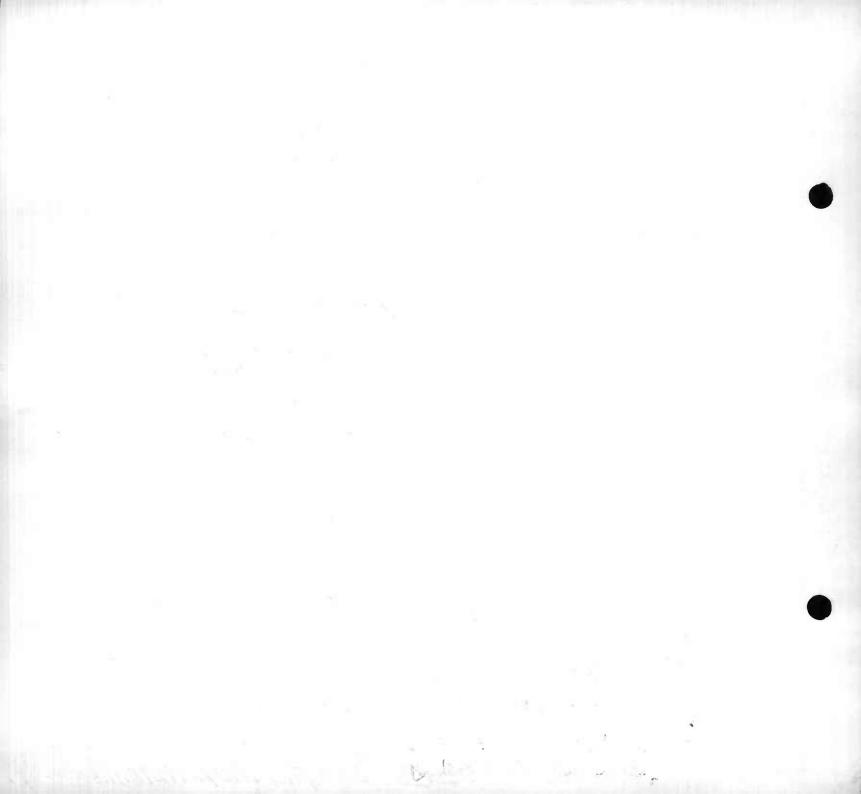
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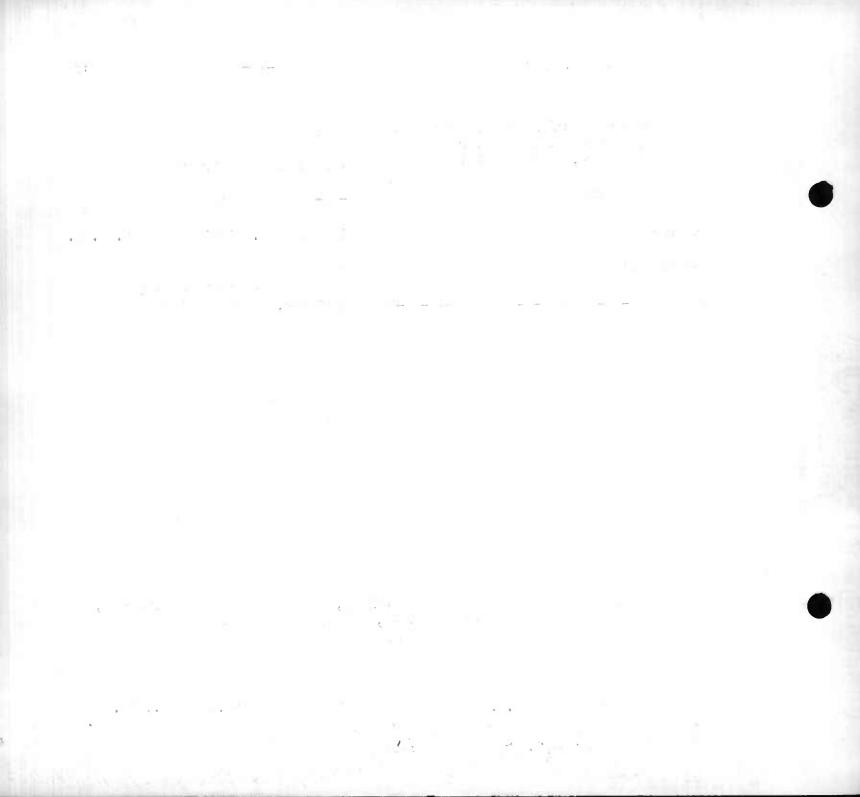
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VS 150-REV. 1/1/68

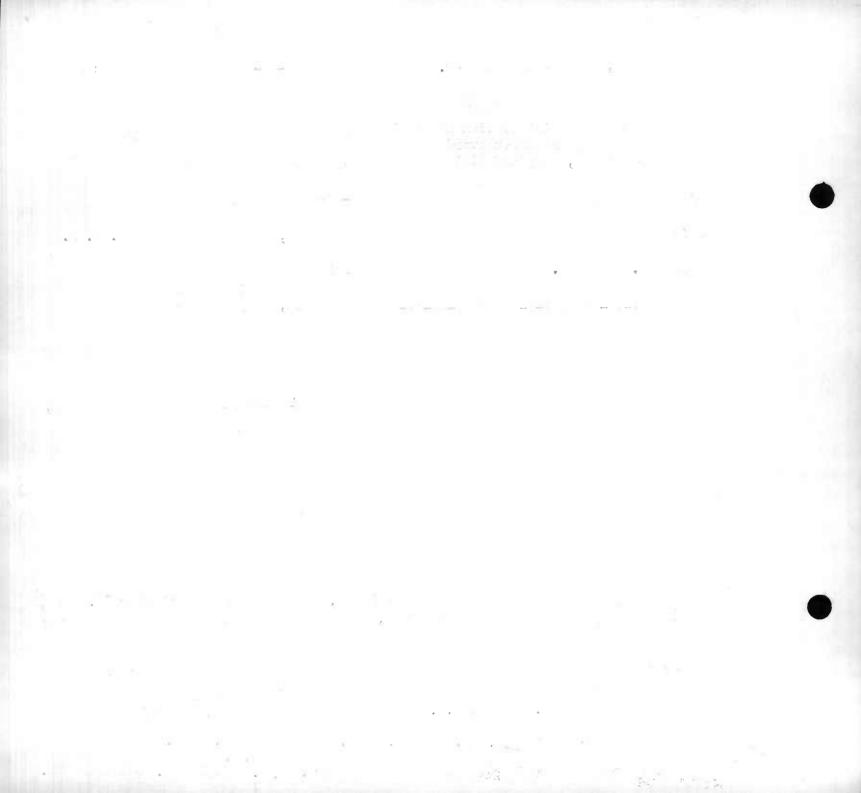


11	10		BALTIMORE CITY	HEALTH DEPARTMENT			
1-10	CO	91.77	CEPTIFICA	TE OF DEATH	REG. NO	69	9177
BIRTH NO.	69	0411	CLKTIIICA	IL OI DEATH			
1. NAME OF DE (Type or Print)					AND HOUR OF DEATH		
trype of Filling	DAVIS, EL	mo NMN		9-1	3-69	7:	37 P M.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (WI	nere deceosed lived. Il i	nstitution: residence	before odmission)
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Maryland		140	23
HORUTRANI	Veterans Admin			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?	_
	3900 Loch Rave			Baltimore		YES N	40
				E. STREET AND NUMBER			
90	Baltimore, Mar	yland 2	1218	2125 McCullo	ugh Street		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs.
Male	Negro	WIDOWED		3-22-24	lost birthdoy) 45	Months Doys	Hours Min.
OA, USUAL OCC	UPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign countryl	12. CITIZEN OF	WHAT COUNTRY?
	f working life, even if retired)	ĺ					
Laborer				Middlesex Co		U. S.	A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME		
Wesley I				Laura Conowa	y		
5. Was Decease	d Ever in U. S. Armed Ford of all (If yes, give wor or dote:	ces?	1 6. SOCIAL	17. INFORMANT VA H	lospital Reco	ords ADDRES	SS
Yes	5-28-43 to 8	-S-l.l.	SECURITY NO. 228-18-04-37	Baltimore, M			
18, / //	7, 10				majamin 2121		
47	2 11		CAUSE OF DEATI	1			OMATE INTERVAL ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY		4			
IThis days	LEADING TO DEATH (A) IMMEDIATE CAUSE CARDO RES). FATURE						
heart foilure	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,						
injury at ca	mplication which caused	death.)	1				
	ANTECEDENT CAUSES PLANTING FOR FORESTA						
DISEASES	(B) COCCO (B) (4) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					***************	
sign to the above area (A) stating the							
UNDERLYING CONDITION last, (c) AND (D) STORED HETTER FAILURG							
OTHER SIGNI	FICANT CONDITIONS CON	ALBIBILITING					
TO THE DEA	TH BUT NOT RELATED TO TH	E TERMINAL					
DISEASE OR	F OPERATION 198 CON		VHICH OPERATION	20A. AUTOPSY? (Yes or N	Vall 208 to vec week	EINDINGS CONSID	SPED
E	WAS PERF		THICH OFERATION	TOWN MOTOR STATES OF IT	IN CERTIFYING CA	FINDINGS CONSID	ERED
OTHER SIGNI TO THE DEA DISEASE OR O 19A. DATE O				Yes	Yes		
OP CONTRIB	NT WAS UNDERLYING UTINO CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(It In Boltima	re City, give exoci la	cation)
DEATH (notif	y medical examined	etc.)		TE STORY THOUSE WE WORK			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	IIIIDY OCCUPY		
S OF HAJORI			le AI Not While		JOKI OCCUR!		
(APPROXI		Wor	k At Wark				
22. I certify	y that 10 (this hospital)	attended at	e deceased from To	17 2	19 69 to Sept	ember 12	10 60
short /M /	\ last and the least in	, antended 18	Canhambas 10	10 60	"12 "m2"10" "35TII	THUEL TO	IY
				19 69 and t		nian death accur	red an the date
and have an	nd from the couses stat	ed abayes	(We) (dld) (did von	lew the bady after death.	•	1	
23A. SIGNAT	URE 7/	(/1				238, DATE SIGNED	0
	/1 A == -	18000	And Atte	nding Med.	Staff Phys.	101.	116
23C. PHYSICI	ANS	010 00	DEGREE Phys		Phys. L.J	1 7/14	167
NAME (Type)		1	3D. ADDRESS		/	,
	Vernon Tole	o M.D.	2507-	900 Loch Raven	Blvd. Balt	o., Md. 21	218
4A. BURIAL CR	EMATION, 248. DATE		ME of CEMETERY OF CRE			ity, town, or county)	
MOVAL	(Specify)	10 0	· + ·	Moto n	Sant.	0	J'mi
Hury	de 17/18/	67 xxa	elemare !	Killenal F	allem,	are,	1100
5A. DATE REC'I	BY HEALTH DEPT.	258. NAM 0	E REGISTRAR	25C FUNERAL DIRECTO	R / Os	ADD	RESS
CEB19	7 1959 Ubber 4	- Varber	TEM	Vallintan	Sollilli	6,17.7.71	7 Marien
'S 150-REV. 1/1	Lago			The state of the s	J. July	21.1.100 111	, i e mae



Such	B 1.
rrengance or to death.	3 F H II
on the deceased prior disposition is made.	13 15. 17 18 18 18 18 18 18 18 18 18 18 18 18 18
ath); and (6) No physician was in regular attendance on the deceased prior to death. Such st be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
deceased prior to death); and (6) written approval must be obtained	24. 25.
	-

H-560 69 917	BALTIMORE CITY	HEALTH DEPARTMENT	69 9178				
BIRTH NO. 59 917	8 CERTIFICA	TE OF DEATH REG. NO	00 01/0				
I.NAME OF DECEASED							
(Type of Point) HENRY, Charles Har	migon In	2. DATE AND HOUR OF DEATH					
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUN CED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission					
THE MAKE OF A READ IN HOUSE		A. STATE & COUNTY	- 1 / - B				
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	Maryland 1601					
Veterans Administ	ration Hospital		ISIDE CITY LIMITS?				
3900 Loch Raven B		Baltimore E. STREET AND NUMBER	YES X NO				
Baltimore, Maryla		1132 North Calhoun Street	94				
	RIED NEVER MARRIED						
	WED DIVORCED	lost birthdoy)	Months Doys Hours Min.				
Male Negro WIDC		8-23-17 52					
one during most of working life, even if refired)		the sixting Country)	12. CITIZEN OF WHAT COUNTRY				
Delivery Man		Baltimore, Maryland	U. S. A.				
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Charles H. Henry Sr.		Annie					
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown! (If yes, give wor or dates of ser	16. SOCIAL	17. INFORMANT VA Hospital Reco:	ADDRESS				
Yes 1-19-42 to 1-7-4		Baltimore, Maryland 212	1¢ & Wife				
18.	CAUSE OF DEATH						
DISEASE OR CONDITION DIRECTLY	GAUSE OF BEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH							
IThis does not mean the mode of dying,	24 hours						
hearl failure, asthenia, etc. It means the dis injury or complication which caused death.)	ease,	A CONSEQUENCE OF:					
ANTECEDENT CAUSES	Acreta	Table of the control of					
DISEASES OR CONDITIONS, if any, g	(B) ACULE II	yocardial infarction A consequence of:	24 hours				
rise to the above cause (A) stating	41 -						
UNDERLYING CONDITION last.	(c) Al. (el. 10	sclerotic heart disease	?				
II .							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI ODISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	IAAA					
19A-DATE OF OPERATION 198 CONDITION WAS PERFORMED	OK WHICH OPERATION	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTURY In a la	Yes	YPS				
OR CONTRIBUTION OF CALLER	218 PLACE OF INJURY (e.g., in home, lorm, loctory, stroot, off otc.)	in Boltimo	ore City, give exect location)				
21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX)	While At Not While Not Work At Work						
22. I certify that 夏) (this haspital) ottend	ed the deceased from JU	1 24. 10 69 Ser	otember 12, 19 69				
that (M (we) last sow the deceased alive	on Sentember 12	19 69 and that In (1600) (our) op	19 07				
and have and from the sausas stated above		and that in (1910 (out) op	inton death accurred on the date				
and haur and from the causes stated above	e. XI) (ue) (ala) (ala(Nak) Al	lew the bady after death.					
1/1.00	A A A A AAHer	nding Med. T Staff T	23B. DATE SIGNED				
23C. PHYSICIAN'S	DEGREE Phys.	Director Phys.	9/11/69				
NAME (Type)	2	3900 Loch Rave					
WILLIAM L. BO	DDIE M.D. DEGREE	Baltimore, Md					
	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (C	ity, town, or countyl (Stotel				
	Balto. Nat'l.	Cem. Balto. Md					
	ME OF REGISTRAR	25C. FUNERAL DIRECTORY IT. De 111					
	Bey R.D.	Kelson. F.H. 1348					
/S 150-REV. 1/1/68	· · · · · · · · · · · · · · · · · · ·						



IMPORTANT

DIRECTOR:

NAME OF DECI	ASED				MINER'S C	2. DATE	Knawn 🖾	Month	Day	Year	Hour	
(Type or Print) Robert B. Bond						OF DEATH	Estimoted					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			GIVE STREET	PRONOU	NCED DEAD	9	14	69	(Q)	P.		
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				5. USUAL RE	SIDENCE (When				1			
Provident Hospital (DOA)					A. STATE	larvland		B. COUNTY	15	11		
6. SEX 7. RACE 8. MARRIED NEVER MARRIED						C. CITY OR			D. INSIDE CI	TY LIMITS?		
Male			1									
DATE OF BIRTH	Negro	0. AGE (Ir	WIDOV		DIVORCED L		Itimore ND NUMBER		Y	ES LS	ио Ц	
DAIL OF BIRTH		ost birthdo		Months !	Doys Hours Min.	L. SIREEI A	IND INDIMBER					
2/10/0	7	6.	2	1		1547	Wood Year	r St.				
1. BIRTHPLACE(SI	ole or foreign	country)		12. CITIZ	EN OF T COUNTRY?	13. FATHER'	NAME					
Md.					A e	Jim	my Bond					
4A.USUAL OCCUP	ATION (Give	and of work	14B. KINE	OF BUSI	NESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME				
	rking increve.					Ell	a Smoot	her				
6. WAS DECEASE Yes, no or unknown)	EVER IN U.	S. ARMED	FORCE	5? 17.	SOCIAL	18. INFORM			A	DDRESS		
	1 yes, give wo	r or doles	of service	2	SECURITY NO.	. Want	ina Bon	2 15%	7 Woods	vear	St.	
119.	100			12	CAUSE OF DEAT		Titer DOII	.4 124	7 11004	Al	PPROXIMATE	
4/0	ind !						1.			BETV	VEEN ONSET	AND DI
	OR CONDIT		CTLY		Hypertens	ive car	diovascu	lar di	sease			
(This daes no			log e g		(A)IMMEDIATE C							
heart failure, injury or com	sthenio, etc. I	t means the	diseose.		DUE TO, OK A	S A CONSEQU	JENCE OF:			B		
AN	ECEDENT C	AUSES			(p)							
DISEASES O	CONDITIO	NS, IF ANY	, GIVING		DUE TO, OR	AS A CONSEQ	UENCE OF:					
UNDERLYING	ABOVE CAUS	SE (A) STAT	ING THE									
ZI					(C)							
OTHER SIGNI	IL CONT.		SMITPIPLE	TING								
OTHER SIGNI TO THE DEA DISEASE OR C	H BUT NOT R	ELATED TO	THE TERM	INAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							*******
	OPERATION	20B. CON	NOITION	FOR WHI	CH OPERATION WA	S PERFORMI	ED			21. AUTO	PSY? (Yes	or No
20A. DATE OF										7	10	
20A. DATE OF				Di	E OF INITIDATA	la or chout 22	C WHERE DID	(If In Boltimo	co Cltu alva ava			
	AL CAUSE W			228. PLAC	n, foctory, street, office	01 00001122			ILE CITY, DIVE EXC			

Suicide

24C. NAME of CEMETERY or CREMATORY

Autopsy __

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR V R

Hamicide ___

and that an this basis, death in my opinion

Undetermined manner

(City, town, or county)

Ball ADDRESS

Telson Funeral Home 1348 N. Calhoun

DATE SIGNED

(Stote)

9-15-69

Russell S. Fisher, M.D.

PT. 258. NAME OF REGISTRAR

Inspection X

ACTUAL

VS 151-REV. 3/1/68

SIGNATURE

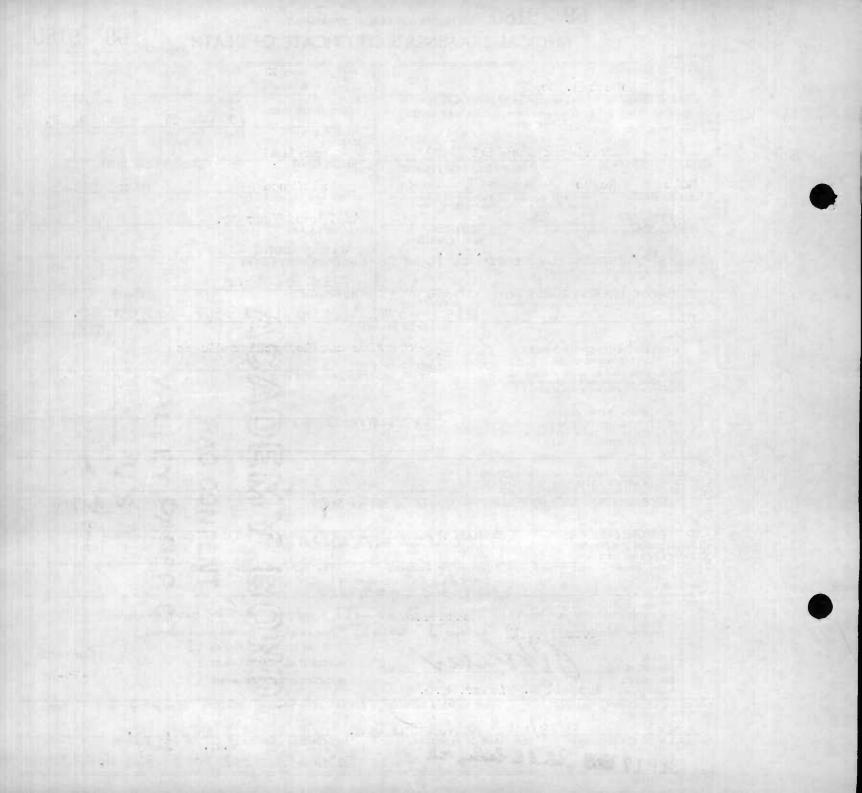
EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)

I certify that I held on Inquiry

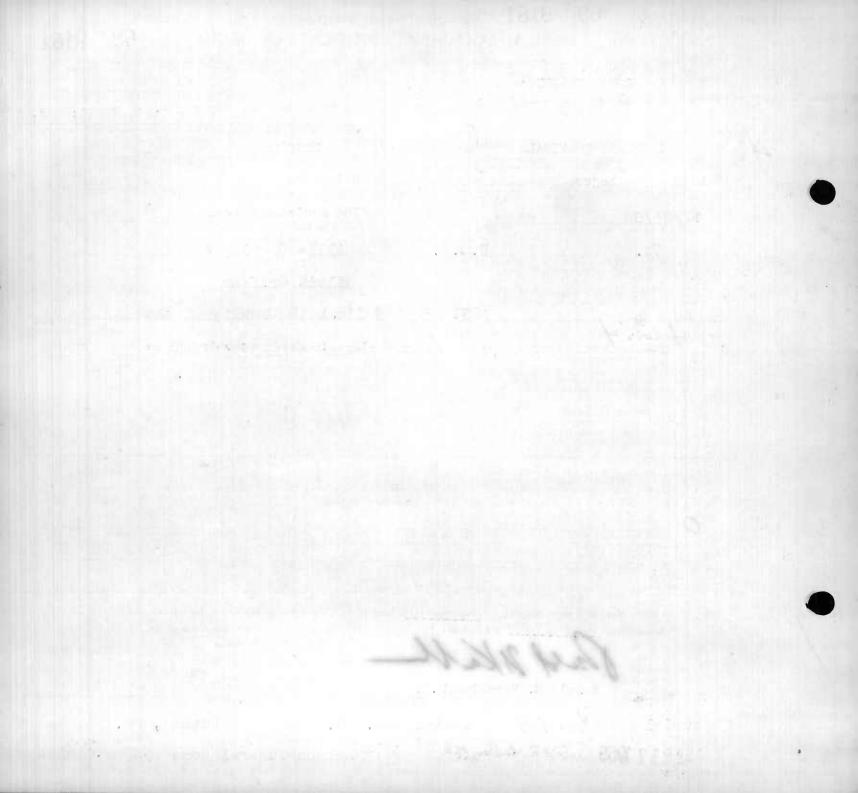
24B. DATE

resulted from: Notural couses X



Kelson Funeral Home 1348 N. Calhoun

VS 151-REV. 1/1/6B



BALTIMORE CITY HEALTH DEPARTMENT

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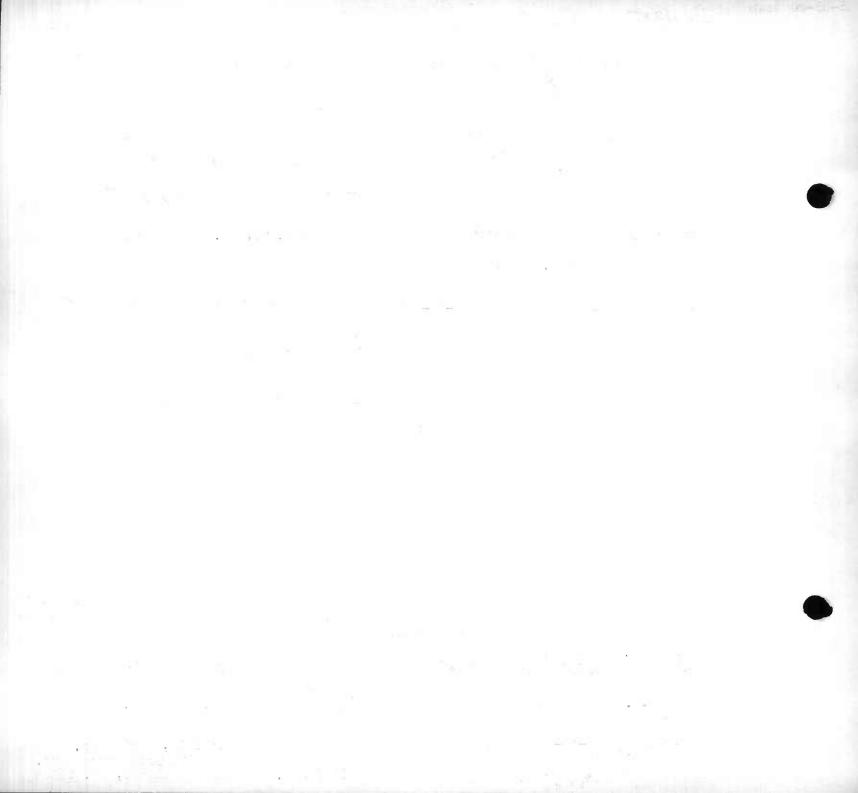
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
---------	------------	-------------	----	-------

MEDICAL EXAMINERS	REG. NO.
BIRTH NO.	
I. NAME OF DECEASED (Type or Print)	2. DATE Known Manth Day Year Hour
James B. Wroten	DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 9 14 1969 6:49 P. M.
OR INSTITUTION 2432	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
	A. STATE B. COUNTY 709
6. SEX 7. RACE B. MARRIED VI NEVER MARRIED	Mary Land C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKKIED ES INEVER MAKKIED	
Male White WIDOWED DIVORCED	Baltimore YES X NO L
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min.	E. STREET AND NUMBER
Nev . 8, 1908 60	243@ E. Monument St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimere, Maryland WHALCOUNTRY?	George Wroten
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
dane during mast of warking life, even If retired)	
Steamfitter 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Catherine Gettleib IB. INFORMANY ADDRESS
(Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	Mrs. Emma L. Wreten 2432 E. Menument St.
Ne	
19. / CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular disease
LEADING TO DEATH	ALICE
(A)IMMEDIATE C	AS A CONSEQUENCE OF:
heart failure, asthenta, etc. It means the disease, tnjury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR . RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL Fatty m	etamorphosis of the liver.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	AS PERFORMED 21. AUTOPSY? (Yes or Na)
	THE OWNER OF THE PARTY OF THE P
	yes yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, lorm, lactory, street, office	In or obout 22C. WHERE DID (If In Boltimare City, give exoct location) e bldg., etc.) INJURY OCCUR?
UTING ☐ CAUSE OF DEATH.	
22D. TIME (Month) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROY)	WHILE O
23.	
I certify that I held on Inquiry Inspection Au	topsy 🗵 and that on this basis, death in my opinion
resulted from: Notural couses 🖾 Accident 🗌 Suicid	
Accident - Service	CHIEF MEDICAL EXAMINER
ACTUAL Plan.	DATE SIGNED
SIGNATURE M.D. M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 9-15-69
NAME (Type) Russell S. Fisher, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burial 9/18/69 Cedar Hill C	Ritchie Highway A. A. Co. Md.
25A. DATE REC'D BY HEALTH DEPT. PSB NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
CED 1 7 1069 Jacob & Jacob & Paris	Meg. Ply T- #237 Patapace Ave. 21225
OFLIT (MAG	Ill the Land of Land Book was street
VS 151-REV. 1/1/6B	

Minister with Market PATE AND DESCRIPTION OF THE PARTY OF THE PAR C E TOURT C CO Direct Co. A constant attended to the control of th A STATE OF THE PROPERTY OF A STATE

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

7	- 1/2 5		69	040	BALTIMORE CITY	HEALTH DEPARTMENT		00	04.0	
BIR	TH NO.		00	918	2 CERTIFICA	TE OF DEATH	REG. NO.	69	9184	<u> </u>
1. N	AME OF DECE	ASED	F 1	\ \		2. DATE A	ND HOUR OF DEATH		0.0	
		John	1-el	tenk	erger	, ,	1-69		8 30	A.M.
3.	LACE IN BALT	IMORE, MAI	RYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (WI	nero deceased lived. If in INTY	stitution: re	esidence before	odmission)
FU	LL NAME OF	(IF NOT	IN HOSPITA	L OR INSTIT	TUTION, GIVE STREET	Maryland		1	642	
IN S	SPITAL OR	AUDRES	3 OK LOCA	HONI		C. CITY OR TOWN	D. INSI	IDE CITY LI		
	31	Baltim				Baltimore	<u> </u>	YES	№ □	
Q ₁ (t)	7 /	4940 E			21224	4227 Stanwood	A	000		
5. S	EX	Baltime 6. RACE	ore,Ma	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Unde	r 1 Yr. If Und	er 24 Hrs.
	Male	White		WIDOWED		7-12-1915	last birthday)	Manths	Doys Hours	Min.
10A		PATION (Give	kind of work	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country!	12. CITI	ZEN OF WHAT	COUNTRY?
	ar Tende		ou it termen!	Tave	n	Wright arrill	o Do	110		
3.	FATHER'S NAM	\E		100	7.11	Wrightsvill 14. MOTHER'S MAIDEN N.	AME	US	A	
		Hai	cry A.	Felter	berger	Marv	Poff			
5. \	Vos Deceosed ,no or unknawn)		-		1 6. SOCIAL	17. INFORMANT	1011		ADDRESS	
	Yes	WWII	wor or gale:	of Service/	SECURITY NO. 215-03-4541	Records: BCH-4	940 Eastern	Avenu	e 21224	
	18. / / / 🤈	TTWN			CAUSE OF DEATH				APPROXIMATE !	NTERVAL
	DISEAS	OR COND	ITION DIR	ECTLY		Λ		- 1	BETWEEN ONSET	AND DEATH
ı		LEADING TO			(A)IMMEDIATE CAU	SE Hapiratio	Γ		5 mins	5.
	(This does no heart failure, o	sthenia, elc.	. II means	the disease	DUE TO OR AC	A CONSEQUENCE OF:				Fire-developed
	injury or comp	olication whi	ch coused	death.)	0.	101	\		()	
			ECEDENT CAUSES CONDITIONS, if any, giving (B) DUE TO, OR AS				morrhage		6 mas	p 8
	rise to the				,	A CONSEQUENCE OF:			100	
	UNDERLYING	CONDITIO	N last.		(c) 17CV	N	***		10413	}
z		- 11								
ĚΙ	OTHER SIGNIFICATION THE DEATH	BUT NOTRE	LATED TO TH	E TERMINAL						
$_{\rm P}$	DISEASE OR CO	OPERATION	198 CON	ITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or)	No. 208, IF YES, WERE	FINDINGS	CONSIDERED	
ERTH	2,		WAS PERF	ORMED		YES	IN CERTIFIED CA	USES OF I	DEATH?	
ပျ	21 A. ACCIDEN OR CONTRIBUT	WAS UND	ERLYING	216 har	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(il In Boltimor	e City, give	e exoci locotion)	
정	DEATH (natify	medical exom	lned	etc)					
w ı	21D. TIME OF INJURY	(Month) (Do	y) (Yeorl		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?			
٤	(APPROX)			W	rile At Not While	° 🗆				
	22. I certify t	hat (1) (this	hospitol)	attended t	he deceased fram	7-11-	19 69 ta 9-	Ц	19	69
	that (I) (we)	last saw the	e decease	dalfve an	9-11	19_69_ and 1	hat In (my) (our) opl	nlan deat		•
	and haur ond	from the co	uses stot	ed above. (I) (We) (dld) (dtd not) v	few the body after death	•			
	23A. SIGNATUR	E	0)	1. 5			23B, DAT	E SIGNED	
	2).1	W ms	tont	Tragg	M DEGREE Phys	nding Med.	Staff Phys.	9.	-11-69	[
	23C. PHYSICIAN NAME (Ty	4°S pel		1	1	23D. ADDRESS Baltime	ore City Hear	34-1-		-
	G.	W. Wins		agg	DEGREE	4940 Eastern	re City Hosp Avenue, Balti	more,	Maryland	
24A	REMOVAL (S	ATION, 248	. DATE	24C. N	AME OF CEMETERY OF CRE			ly, lown, o		(Stote)
	Burial	9	-15-69	Fa	irview Cemeter	v	Vrightsville.	York	Po	
25A	CED 1 7	4000	7 4 - 4	25B NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	10		Raven Bl	vd.
	SEP 1 (cotain c	, Valbe	e, or U,	William E.	Jehnson Balt			204



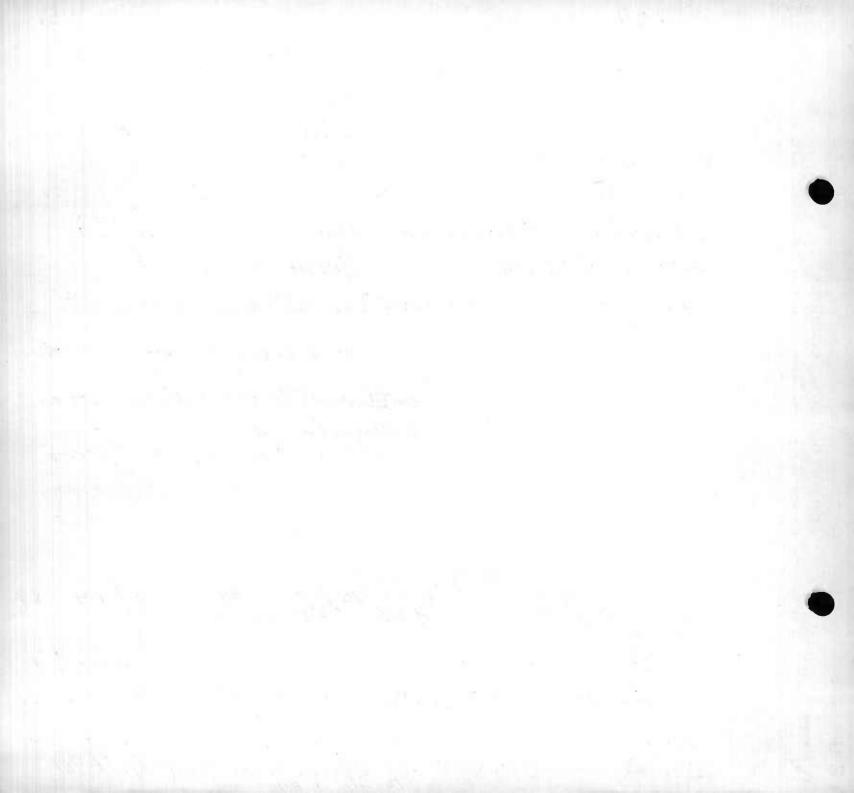
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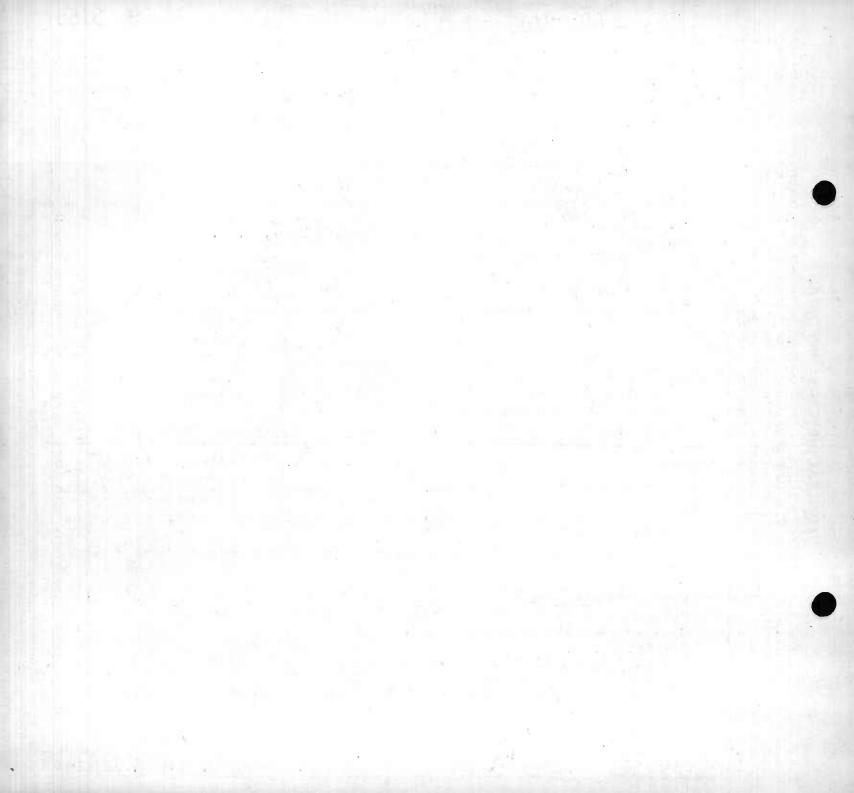
(A 100 00		HEALTH DEPARTMENT	,	00 0100
DIXITI IVO.	186 CERTIFICA	TE OF DEATH	REG. NO.	69 9186
1. NAME OF DECEASED	11.60	2. DATE AND	HOUR OF DEATH	. 135
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: seridence before addition
	ON CONTROL DEAD	A. STATE B. COUNTY	decesses lived in passing	olion, lesidence belote odiffission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLANI	O GUE	n Annc670
INSTITUTION		C. CITY OR TOWN		CITY LIMITS?
110 11001/110	ENERAL	CHESTER	YE	ES NO
48 MARYLAND G	ENEKAL	E. STREET AND NUMBER		
5. SEX 6. RACE 7. MADE	RIED NEVER MARRIED	8. DATE OF BIRTH 19.	AGE (In years II	Under 1 Yr. II Under 24 Hrs.
11 10 00000	WED DIVORCED	5-22-19	st birthday 60	Under 1 Yr. Il Under 24 Hrs.
OA. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State of foreign		2. CITIZEN OF WHAT COUNTRY
fone during most of working life, even if relifed)	1 A	0.11.		
3. FATHER'S NAME	State Aceny	1 /3A/t, MO	16	U.S. A
		14. MOTHER'S MAIDEN NAME		
CHARLES ROHI	R	Eliz.	Reilly	
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) all yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7.7	ADDRESS
No	216-07-585	2 Palie	iL	
18. / / > 1	CAUSE OF DEAT	H	~ /	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	011002 01 22111			BETWEEN ONSET AND DEATH
LEADING TO DEATH		ISE VENTRICULI	Av Eilell	Ation Minute
(This does not mean the made of dying,	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	AV LIBRILL	ATAN MINUTE.
heart failute, asthenia, etc. It means the dise injury or camplication which caused death.)	dse,			
ANTECEDENT CAUSES	0	envery Asl	Design	VELAS
DISEASES OR CONDITIONS, if any, gi	(B) DUE TO OR AS	CONARY ARY	CRY DISCA	se years
rise la the above cause (A) stating	the	A SONDEQUENCE OF.		77
UNDERLYING CONDITION last.	(c)	*******************************		
2 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAI			
DISEASE OR CONDITION GIVEN IN PART 1 (A).		I DA A		
1994 DATE OF OPERATION 198 CONDITION F WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 BLACE OF BLUE	100		
OR CONTRIBUTING TO CAUSE OF	21 & PLACE OF INJURY (e.g., i home, farm, factory, street, of	fice bidg., INJURY OCCUR?	(II In Boltimore Cit	ty, give exact location)
DEATH (notify medical examined	etc.)	- -		
OF INJURY (Month! (Doy) (Year! (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
(APPROX)	While Al Nol While Work At Work			
22. I certify that M (this hospital) attende			69 to 9-1	7 10 69
that 10 (we) lost saw the deceased office		f-yl-11-11-11-11-11-11-11-11-11-11-11-11-11	and the second second	
			in (MK) (our) opinion	deoth occurred on the date
and hour and from the causes stated above	e. W (Me) (qiq) (q)	iew the body after death.		A R INVINI
23A. SIGNATURE	A CO			L DATE SIGNED
Charles C. A	Steller DEGREE Phys	nding Med. Sh	off ys.	9-13-69
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	,	_
CHARLES E	. Defelice	HAN MAN	LAND 1.	SENERAL
	C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City, to	own, or countyl (Stote)
BUKES Q-17-60 C	7+ May	12. 1. 1 DI	1/10	P// M.
25A. DATE REG'D BY HEALTH DEPT. 25B. NAS	I III CY 415 (11	emach Icolo	nd Hve	D> 170 1110
CEP 17 1989 Page & Jak	ME OF REGISTRAR	FUNERAL DIRECTOR	///	ADDRESS D
	The Party of the P	MUVGER EUN	PUZINTOM	1 Daltolle
/S 150-REV. 1/1/68				



VS 150-REV. 1/1/6B



VS 150-REV, 1/1/6B



VS 151-REV. 1/1/68

Moore, Manne

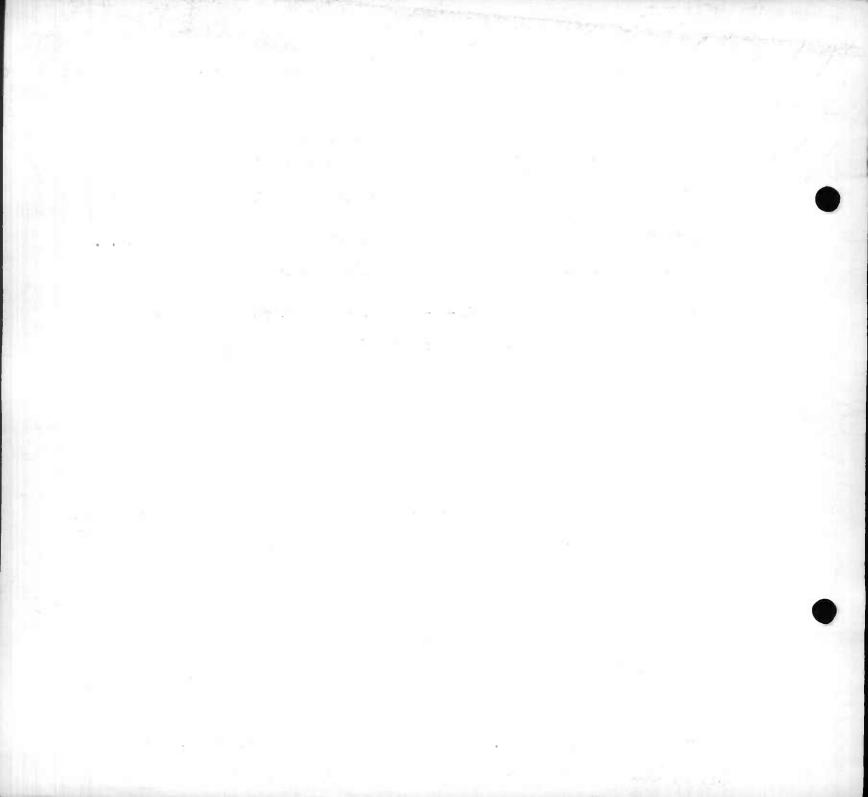
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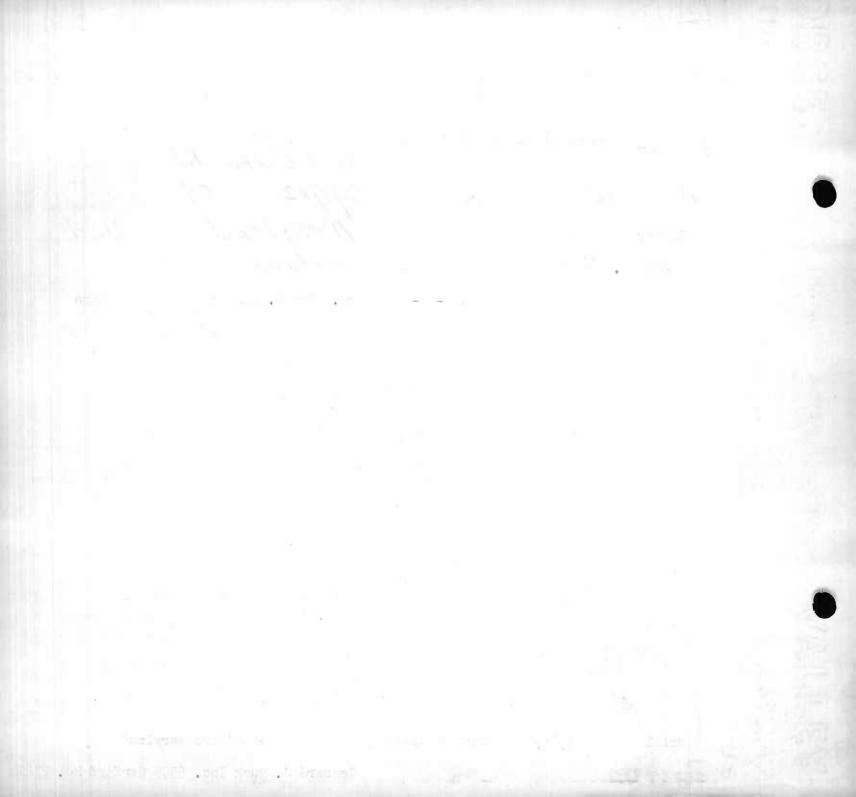
THE THE THE PROPERTY OF THE PARTY BY CLIMAN BY C TO THE THE THE

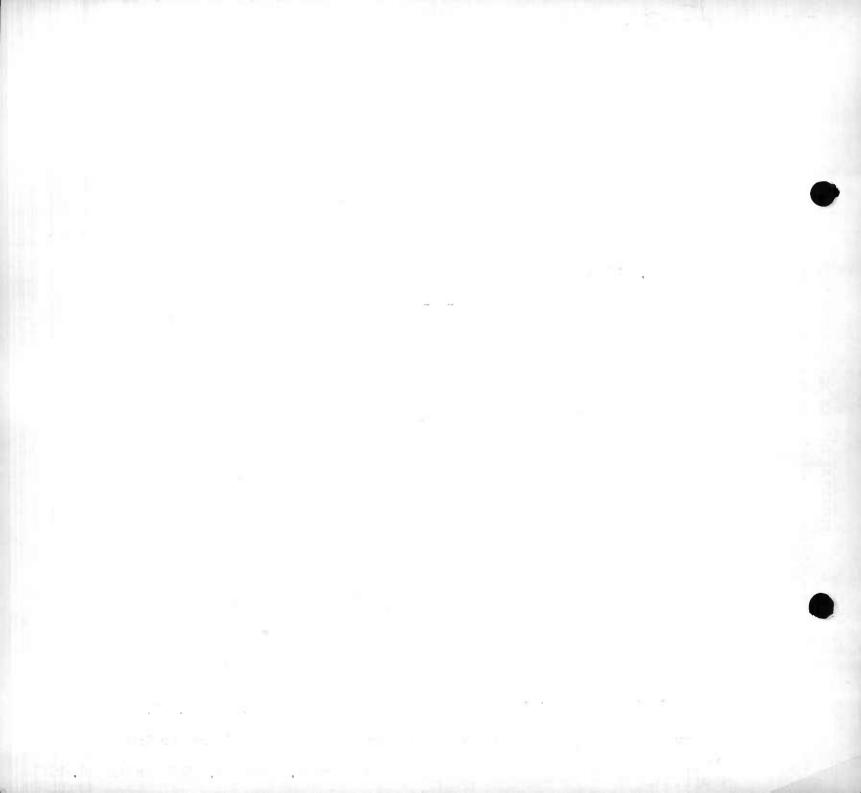
family and the contract of the charteness of the

manthematic expedition and some windows with the contract of t

M-23	50 69	9190		HEALTH DEPARTME		69 9190
I. NAME OF DEC	1	M			ATE AND HOUR OF DEATH	1
trype or runn	MARY V.	11/	C GEENE	Y Se	eptember 13,196	9 1 h:00 P
3. PLACE IN BAI	LTIMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENC A. STATE 8.	E (Where deceased lived, II COUNTY	institutions residence before admission
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITE	UTION, GIVE STREET	Maryland c. City or town	Balto, Ca.	5300
INSTITUTION					D. IN	SIDE CITY LIMITS?
n he				Baltimore E. STREET AND NUM	ARED	YES NO
37	Mercy Hos	pital		64 Acorn C		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., If Under 24 H
Female	White	WIDOWED	DIVORCED	January 13,		Months Doys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNT
Housewif				D		
3. FATHER'S NA				Penna 14. MOTHER'S MAID	ENI NI A AAE	U.S.A.
	rles Sanders			Clara Burk	ett	
5. Was Deceased les, na or unknawn	Ever in U. S. Armed Far	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			212-05-9098	Mr John L M	IcGmeney S	ame
18. 5	91		CAUSE OF DEAT	H	-	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY	2.1	,	· (& 1-	BETWEEN ONSET AND BEA
471.000.00	LEADING TO DEATH		(A) IMMEDIATE CAU	SE		minut.
heart foilure.	nal mean the mode of asthenia, etc. It meons	dying, e.g.,		A CONSEQUENCE OF:	######################################	
injury or con	nplication which caused	death.)				
	ANTECEDENT CAUSES		M	fantas	ヘン	mong
DISEASES C	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the	e abave cause (A) G CONDITION last.	slaling the	12 Can 6	- 1	of chome	A month
CHERTIN	G CONDITION IUSI.		(c)			7
Z OTHER SIGNIE	II FICANT CONDITIONS CO	NITRIBILITING				
TO THE DEAT	TH BUT NOT RELATED TO TH	HE TERMINAL				
19A. DATE OF	ONDITION GIVEN IN PAR OPERATION 198 CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	or Noll 208. IF YES WERE	EINDINGS CONSIDERED
OTHER SIGNIF TO THE DEAT DISEASE OR C	WAS PERF	ORMED		- 11	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., in	or about 21C, WHERE	DID (II In Baltima	re Cily, give exect location)
OR CONTRIBL	TING CAUSE OF medical examiner	name elc.	e, form, factory, street, af	ice bldg., INJURY OCC	UR?	Te Chy, give exect locollon;
21D.TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
(APPROX.)			le At Not While			
		War				
7 100	that (# (this hospital		e deceased from	7/8	19 <u>6 P</u> to	7/15 196)
that (we)	last saw the decease	d olive on	7//3	19.6P	and that in (an) (our) op	nion death occurred on the do
and have and	fram the causes stat	ed obave.	(We) (did) (did vi			
23A. SIGNATU		,	4.5			238, DATE SIGNED
	1 Sont	6	M.D Atter	nding Med.	Staff	
23C. PHYSICIA	N'S	/	DEGREE	3D. ADDRESS	Phys.	
NAME (T	PIRERTY	RAN	REDO N.D.	MI	-Ray Ho.	SP
4A. BURIAL CRE	MATION, 248, DATE	יודע	DEGREE	100	////	
REMOVAL (Specify)	1	ME of CEMETERY of CRE	MATORY		ity, tawn, or caunty) (Statel
Burial	9/17/69	Mt.	St Mary's		Emmi tsburg,	Maryland
	BY HEALTH DEPT.	258 NAME O	F REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
S 150-REV. 1/1/				100 / No	up 5305 /	whord we

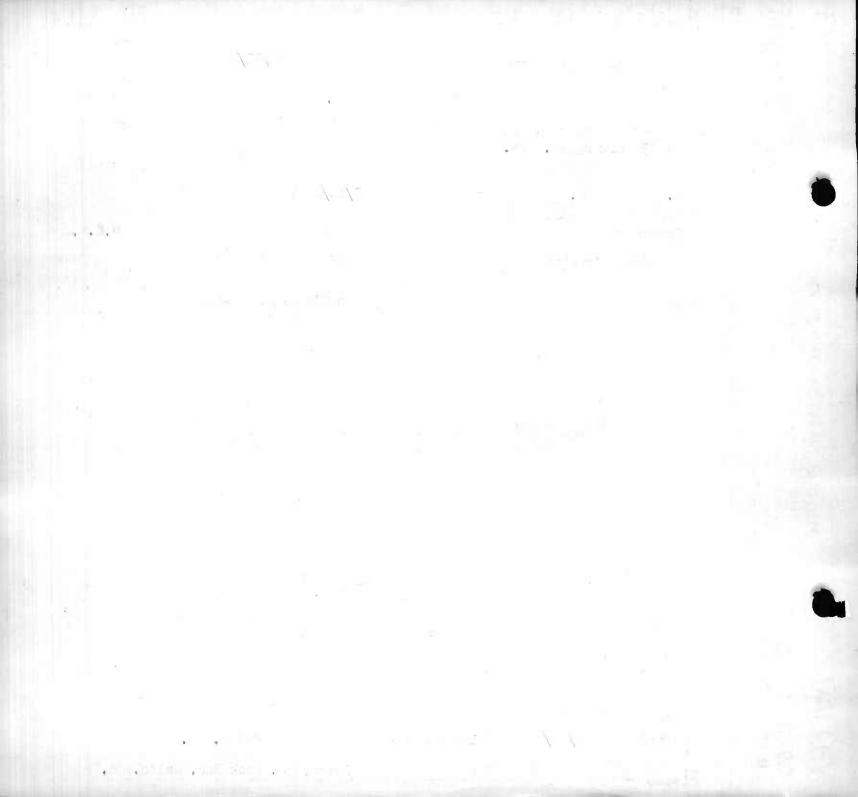






-	T 1/10 CO 041	BALTIMORE CITY	HEALTH DEPARTMENT		00 0100
Pip	1-460 69 91	SS CERTIFICA	TE OF DEATH	REG. NO.	69 9193
1,1	TH NO. IAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Ту	pe or Pint)				1 1/5/ 8
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRI	ONOUNCED DEAD	14. USUAL RESIDENCE (Where of	cpt. 1969 Eccased lived, If institution	in: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION) STITUTION	ISTITUTION, GIVE STREET	Md. C. CITY OR TOWN	D. INSIDE CI	903
1/	The Union Memor	al Haratal	Baltimore	YES	
7		21 Mospetal	E. STREET AND NUMBER 749 Melvil	le Ave	
5. 5	6. RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years If U birthdoy) Mon	nder 1 Yr. If Under 24 His. this Doys Hours Min.
_	F WIDON		8/20/06	63	
don	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		CITIZEN OF WHAT COUNTRY?
	Homemaker		New York	C	15A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME Annz Unk.		
15.	John Oishko Was Deccosed Ever in U. S. Armed Forces?	11 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of servi	security No.	Hospital Chart	-	ADDRESS
_	1B. E 19 1	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(ANIMMEDIATE CAL	ISE a cute pulmona	ry edema	1
L.	(This does not meon the mode of dying, heart foilure, asthenio, etc. It means the dise	DIE TO OD AS	A CONSEQUENCE OF:		
	injuly or camplication which caused death.)	.036,			
	ANTECEDENT CAUSES	(0)			
	DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:		
	rise to the above cause (A) stating UNDERLYING CONDITION tost.	lhe			(D. H.)
	ONDERLING CONDITION 1051.	(c)		*****************	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
S	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 2	OR IF YES, WERE FINDIN	IGS CONSIDERED
RTIF	2 WAS PERFORMED		les	OB. IF YES, WERE FINDIN N CERTIFYING CAUSES O	F DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of elc.)	n or obout 21C. WHERE DID injury occur?	(If In Boltimore City,	give exoct location)
-	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUR	OCCUR?	
ž	OF INJURY (APPROX.)	While At Not While	· [7]		
	22 1 - 25 1 (1) (1) 1 - 1 - 1 1 1 1 1 1	111 110111		(0, 0, 10	
	22. I certify that (1) (this hospital) attend			59 to 9.12	19.68
	that (Dwe) last saw the deceased alive			ntmy) (our) apinion d	leath occurred on the date
	and havr and from the causes stated abov	e (I) (We) (did) (did not) v	lew the bady after death.		
	23A. SIGNATURE				DATE SIGNED
	M. Copeda M. D	DEGREE Phys	nding Med. Sta	#. ET 12	L Sept. 1869
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	. 1 1/	·*-/
	MANUEL CEPEDA	DEGREE	The Union Me	morial Hosp	x/2/
244	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY of CRE	MATORY 24D, LOC	ATION (City, tow	n, or county) (Stote)
	Burial 9/16/69	XXXXXXXXX Glen Ha	ven Glen	Burnie Maryl	Land
25A	DATE REC'D BY HEALTH DEPT. 258 NA	ME OF RESISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	CED 1 7 1060 P. G. S. S. S.	AU, M.U.	Leonard J. Ruck	: Inc. 5305 Ha	arford Rd. 21211
VS	BU-EV-4/1/68		1 100 0 0 8		





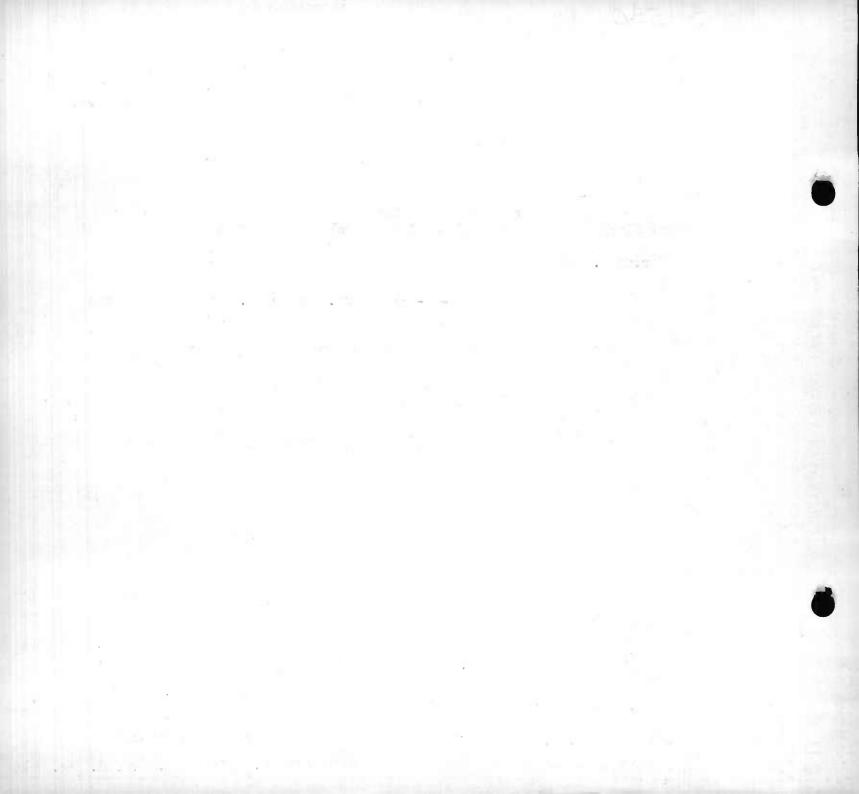
T-520 69 8	195 BALTIMORE CITY	HEALTH DEPARTMENT	C	0 0405
7	CERTIFICA	TE OF DEATH	REG. NO.	9 9195
BIRTH NO. MARY =	, 70KS2	2. DATE AND H	OUR OF DEATH	
I.NAME OF DECEASED (Type or Print) Reprinted Concentrate	a of Thyrotal.	Lower	12 12 60	500 A.
3. PLACE IN BALTIMORE, MARYLAND, WHE	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where del	ceosed lived. Il institutions	residence before admission)
FULL NAME OF OF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Etalitaine Has you	Bal Tuna	- 2743
HOSPITAL OR ADDRESS OR LOCATION INSTITUTION Maryland Gener		C, CITY OR TOWN	D. INSIDE CITY	LIMITS?
48 HARYLAND GEN	ERAL HOSPITAL	Bellinger	YES 🔀	М 🗌
	e the working	4 905 Arabia	Aue, Bol.	Md 21214
Fa. a w.l.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AC	birthdoy) Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108	IDOWED DIVORCED	7 16 1 10	XXX 79	
done during most of working life, even if retired)	, KIND OF BOSINESS OR INDUSTRI	D a toreign co	ountry) 12. CIT	TEN OF WHAT COUNTRY?
More .		Dallinere		&U.S.A.
Stephen Stephen J	gnes	14. MOTHER'S MAIDEN NAME	Sarah R. Br	rown
15. Was Deceased Ever in U. S. Armed Forcas? (Yes, no or unknown) (If yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	ADDRESS
No	216 52 5792	Miss Ruth E. B	117707 LOOF	Annala de Anna
18. 193 V	CAUSE OF DEAT	H PILOS RUGII E. D	urgan, 4905	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT	rly			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	SE Eletrolyte un hala	uce à menuni	uia.
(This does not meon the mode of dyi heart failure, asthenia, etc. It meons the	diseose,	A CONSEQUENCE OF:		
injury or complication which coused dec	_	0 -	-	
ANTECEDENT CAUSES	(B) Canua	A CONSEQUENCE OF:	luprasol-	***************************************
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) sto		A GONSEGUENCE OF:		
UNDERLYING CONDITION lost.	(c)			
Z OTIES SIGNIFICANT AND TO ME CONTROL OF THE CONTRO	DISTRICT OF			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION OF THE TIME OF TIME OF THE TIME OF TIME OF THE TIME OF TIME	RMINAL		/	
19A. DATE OF OPERATION 1198, CONDITION	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No. 208	L IF YES, WERE FINDINGS	CONSIDERED
WAS PERFORM	Thyraidectam	NO IN	CERTIFYING CAUSES OF	DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of	or obout 21C, WHERE DID	(If In Boltimore City, giv	ve exoct locotion)
21 D. TIME (Month) (Doy) (Year) (H	out 21E INJURY OCCURRED	21F. HOW DID INJURY	0.00	
E OF INJURY	While At Not While		JCCOK!	
	Work LJ At Work			
22. I certify that (1) (this hospital) at		19	ta	19
that (1) (we) last saw the deceased a			(my) (aur) opinian dea	th accurred on the date
and haur and from the causes stated a	abave. (1) (We) (dld) (did nat) v	lew the bady after death.		
	Atte	nding Med. Staff	parl Repude BA	
23C. PHYSICIAN'S	DEGREE Phys	Director Phys.		1/12/69.
PACE TYPE DA LUHPKI	N	SD. ADDRESS		
24A. SURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY of CRE	MATORY 24D. LOCAT	ION (City, town,	or county) (Stote)
Buraal 9-15-69	Baltimore	Re 1 1	to. Md	
25A. DATE REC'D BY HEALTH DEPT. 258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEP 17 1969 (1666) 6 40	Say Million Town	Leonard J. Ru	ck. Inc. 530	05 Harford Ro
/S 150-REV. 1/1/68				

XXX 79

U.S.A.

Miss Ruth E. Burgan, 4905 Arabia Avs.

<	S - F3 A CO	0100	BALTIMORE CITY	HEALTH DEPARTMENT		60 0400
	5-530 69	9196	CERTIFICA	TE OF DEATH	REG. NO	69 9196
	Pe or Print) RONALD EDI	SON SN	IITH		EMBER 12	
3. 1	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived, tf	institution: residence before admissia
				laryland	III	17111
HO	SPITAL OR ADDRESS OR LOCA	TION)	UTION, GIVE STREET	C. CITY OR TOWN	ID IN	SIDE CITY LIMITS?
INS	NOITUTITZ			Baltimore	D. 114.	YES NO
4	4 UNION MEMORIA	AL HOS	PITAL	E. STREET AND NUMBER		123 140
/	/	-11		3213 Bayonne	Ave.	
S. S	SEX 6. RACE	7 144 00100	M ALEXED MARRIES [9. AGE (In years	If Under 1 Yr., If Under 24 H
	Male White		NEVER MARRIED	/. /	last birthdoy)	Months Days Hours Min.
		WIDOWED		11/4/32	36	12. CITIZEN OF WHAT COUNT
done	. USUAL OCCUPATION (Give kind of work e during most of working life, even if retired)	Comptr	ollers Office	11. BIRTHPLACE (State or forei	ign country)	12. CHIZEN OF WHAT COUNT
	Count Clerk	State	of Maryland	Baltimore Mar	yland	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	Herman M. Smith			May Bunt	ing	
15.	Was Deceased Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	s, no or unknown) (If yes, give wor or date:	s of service)	SECURITY NO.		0-133	
			219-28-4527	Mrs. Dorothy D	. Smith	Same
TION	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	stating the	(C)	A CONSEQUENCE OF:		
RTIFIC	19A. DATE OF OPERATION 19B. CON WAS PERF		WHICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 E hon etc.	ne, farm, factory, street, of	n or about 21C. WHERE DID iffice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exoct location)
ā	21D. TIME (Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
8	(APPROX.)		ile At Not While	e 🗖		
		Wo	,	1-30	10/2	- 90 ./0
	22. I certify that (I) (this haspital		0.	60	14 0 7 to 9 -	- 22 1964
	that (I) (we) last saw the decease	d olive on	6-22	19 0 7 and th	at in (my) (our) op	oinian deoth occurred on the d
	and haur and from the couses stat	ed abave. (l) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATIONE	- 1		1.0		23B, DATE SIGNED
	Mr- Chon	8	Phys	Med. Director	Staff Phys.	7/13/69
	23C.PHYSICIAN'S		UEGREE	23D. ADDRESS		1 / /
	NAME (Type)			1206 Frede	rick Rd C	atonsville Md.
244	Dr. Yu-Chen I	ee.	DEGREE AME OF CRE			
24A	REMOVAL (Specify)					
	Burial 9/16/6	9 Pa	arkwood Cemete	ry B	altimore Ma	ryland
25A	A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	3	ADDRESS
	ED 1 7 1989 Poseus E.	James	1000	Leonard J.	Ruck Inc	. Balto. Md. #1
13	140-PEV 1/1/48					3.0



VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT September 11, 1969 P-30 P.

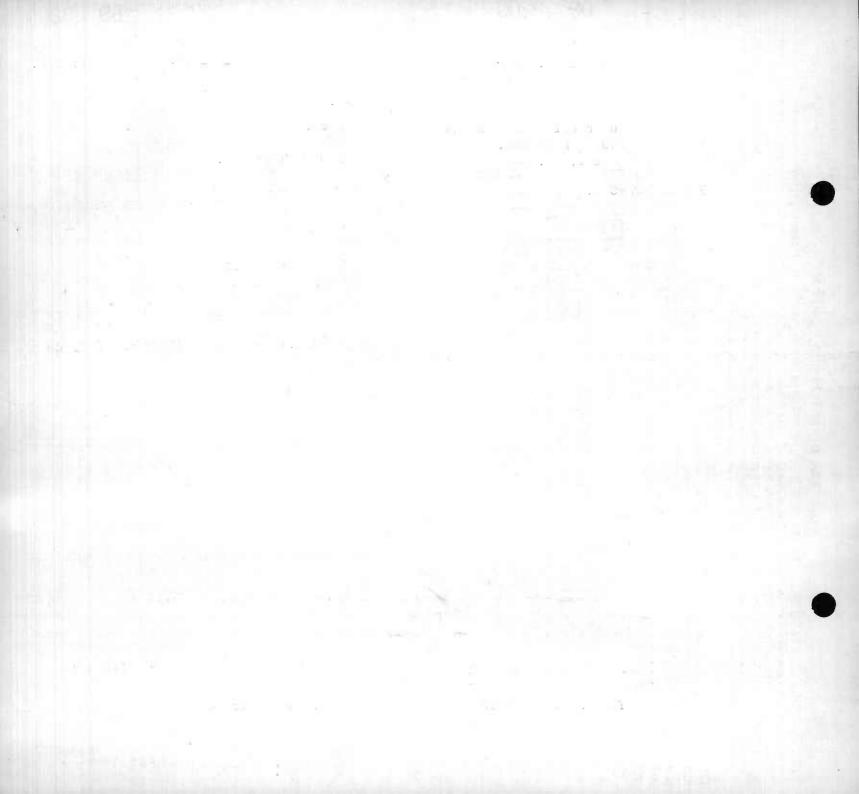
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE

B. COUNTY D. INSIDE CITY LIMITS? NO 5130 Harford Rd If Under 1 If Under 24 Hrs. Months Doys Hours 12, CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in(my) (aur) apinion death accurred an the date 23 B. DATE SIGNED Baltimore. Maryland (City, town, ar caunty) Baltimore, Maryland Leonard J Ruck Inc. Baltimore, Maryland VS 150-REV. 1/1/68

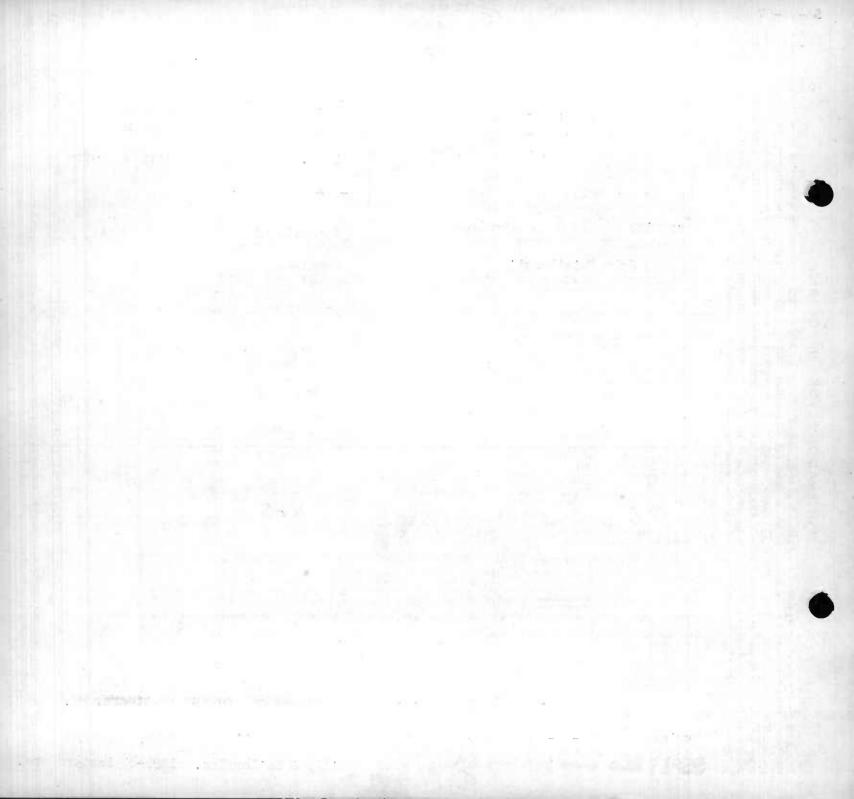


-			BALTIMORE CITY	HEALTH DEPARTMEN	IT	00.00
0-0	30 69	9199	CERTIFICA	TE OF DEAT	H REG. NO	69 9199
NAME OF DE	CEASED				E AND HOUR OF DEATH	H
	Charles Frede	erick Sch	nmidt	2,001	9.12.54	1 2 A
PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD		(Where deceased lived, If	institution: residence before admission
FULL NAME OF	F (IF NOT IN HOSP	ITAL OR INSTIT	UTION, GIVE STREET	Md.	COUNTY	2743
IOSPITAL OR	ADDRESS OR LO	ATION)	DIION, GIVE SIKEEI	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
10	3110 Rue cl	cert. Ave.		Baltimore		YES 😿 NO 🗌
)120 1. 40 0.			E. STREET AND NUMB		
				3110 Rueker	ct Ave.	
SEX M.	6. RACE	7. MARRIED		8. DATE OF BIRTH 2/1.5/1.883	9. AGE (In years lost bighdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTS
	erintendent	on tinen	tal Can Co.	Ohio		U.S.A.
Augu	st Schmidt			Philomina.	NAME	
. Was Decease	d Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	(If yes, give wor or do	etes of service)	SECURITY NO.	Augusta Schn	midt same	
18.	6 01		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEA	ASE OR CONDITION D	DIRECTLY		+		BETWEEN ONSET AND DEAT
0.00	LEADING TO DEATH		ALL BALLEDIATE CAL	Hebator	lle	
	nat meon the mode		(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
	, asthenia, etc. It mear implication which cause					
	ANTECEDENT CAUSI	2				
DISEASES	OR CONDITIONS, if		(B)	A CONSEQUENCE OF:		
	he abave cause (A					
UNDERLYIN	IG CONDITION last.		(C)			
OTHER SIGNI	IFICANT CONDITIONS C		b			
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	ART I (A).				
OTHER SIGNI TO THE DEA DISEASE OR 19A. DATE O	OF OPERATION 198. CO	REPORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examines	21 B. hom etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, or	n or obout 21 C. WHERE D	ID (If in Baltim	ore City, give exact location)
21D. TIME	(Month) (Doy) (Yeo	r) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DIE	NJURY OCCUR?	
(APPROX.)		Wh	ile At Not While			
20.1	1 . (1) (-1)		*	12	- 69	9-11 1069
	y that (I) (this haspit			12	19 67 to	***************************************
that (I) (we	e) last saw the decea	sed alive an	700,000 il 40.10000 0000 1111 1011 111 1100 1000	19ar	nd that in(my) (aur) as	pinian death accurred an the da
and have as	nd fram the causes st	ated above. (1) (We) (did) (did nat) v	lew the body after de	ath.	
23A. SIGNAT	URE	(2).		1/		23B, DATE SIGNED
	Miller	1 XX	Phy	mding Med. Director	Staff Phys.	9/12/01
23 C. PHYSICI	stian Russo	MD	DEGREE	23D. ADDRESS	Road Balto.	Md.
A. BURIAL CR	EMATION, 248, DATE		DEGREE			
REMOVAL	(Specify)		AME of CEMETERY OF CRI	MATORT 24		City, town, or county) (State)
Buri	11-11		udon Park		Balto. Md.	
A. DATE REC'I	D BY HEALTH DEPT	25B NAME OF	REGILLAR	25C. FUNERAL DIRE		ADDRESS
CFP	17 1909 Var	स्ति हा युव्य	and was	Leonard J.	Ruck Inc. Bal	lto. Md.
S 150-PEV 1/1	/6R				1,	

2 -	\sim 69 9	200	BALTIMORE CITY	HEALTH DEPARTMENT		60 0000
D-65	0	, O O,	CERTIFICA	TE OF DEATH	REG. NO	00 0200
NAME OF DEC	PEASED				D HOUR OF DEATH	
Type or Print)		Dmarm		2. PAIL AIV	9-11-1969	0.15 4
PLACE IN RAL	Hallie R.		CED DEAD	4. USUAL RESIDENCE (When		9:15 A. N
, react iii ba	make makiealte, mi	TERE TROTTO GIT	CLO DEAD	A. STATE B. COUN		07111
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCAT	L OR INSTITUTI	ON, GIVE STREET	Md. Non		DE CITY LIMITS?
7.0	AndersonXXXX	Nursing	Home	Balto.		YES NO
10	3604 Mohawk	Ave.		E. STREET AND NUMBER		
	Balto. Md.			3604 Mohawk	Ave.	
SEX	6. RACE	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female	Cau.	WIDOWED	DIVORCED	8 NOV 1883	85	74.0
		OB, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
no during most of house	working life, even if retired)			Marylan d		USA
FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	AE	
Co	ornelius C.	Brown		Sa Ilie Ru	uth	
. Was Deceased	Ever in U. S. Armed Force	es?	6. SOCIAL	hors Nurs		ADDRESS
no or unknown	(If yes, give wor or dotes	of service)	SECURITY NO.	604 Mohawk A	ve. Balto	. Md.
18. 4	04-1		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRE	ECTLY	Antio	ioschote Cardio	0 0	BETWEEN GROET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	se cardio	Uncular Dis	sare. 1/2 years.
	not mean the made of asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
	nplication which caused					
	ANTECEDENT CAUSES					
DISEASES	OR CONDITIONS, if a	nv. giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	e abave cause (A)					
UNDERLYIN	G CONDITION last.		(c)			
	11	at III				
	FICANT CONDITIONS CON TH BUT NOT RELATED TO TH					
	CONDITION GIVEN IN PART	1 (A).		Too a second by		
14	F OPERATION 198. COND	DITION FOR WH DRMED	ICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
O No	ne	Tana a				
, OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF	home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, a	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimar	e City, give exact location)
21D. TIME		(Hour) 21 E. IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		While				
		Work	At Work	1		
	that (1) (#hi s Juspital)					T 11 19 69
that (1) (300)	Llast saw the deceased	dalive an	SepT8	19 69 and the	at in(my) (aur) apli	nian death accurred an the dat
and haur an	d fram the causes state	ed abave. (1) ((did) (didant)	iew the bady after death.		
23A. SIGNAT						23B. DATE SIGNED
1	EV/	1. 1 -		nding Med.	Staff	91.1,0
23 C. PHYSICIA	mes E. Van	moth of	DEGREE Phy	23D. ADDRESS	Phys.	9/11/69
NAME (1				TOP ADDRESS		
	Thomas E. Va	an Metre	DEGREE	11 E. Chase S	treet	
A. BURIAL CRE	MATION, 24B. DATE	24C. NAN	TE of CEMETERY OF CR	MATORY 24D. LO	OCATION (Ci	ty, tawn, or county) (State)
Buria	9/13/6	9 CI	nester Ceme	etery Ches	stertawn,	Kent Co
SA. DATE REC'D	BY HEALTH DEPT.	25B:-NAME OF		25C. FUNERAL DIRECTOR		ADDRESS
	969 266	Taring N	8,	Marvin W. Wi	illiams Ch	estertown
SEPIN	202	Santa May . 3	3	Pid.		



No	69	5004	BALTIMORE CITY	HEALTH DEPARTMENT		69	9204
BIRTH NO.		OKUI	CERTIFICA	TE OF DEATH	REG. NO		OCUI
1. NAME OF DEC	SALLV N	SALLY	MACHE	2, DATE	AND HOUR OF DEATH	1 /5	YO DM
3. PLACE IN BAL	TIMORE, MARYLAND, W		NCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived, if in	stitution: residence	before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA BALTIMORE (4940 Easter	TTY HOSE	PITALS	Maryland c. CITY OR TOWN Baltimore E. STREET AND NUMBER		DE CITY LIMITS?	// vo 🗆
	Baltimore,	Maryland	1 21224	810 S. East	Avenue 2	1224 007	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (fn years lost birthday)	If Under 1 Yr. Months Days	ff Under 24 Hrs. Hours Min.
Female	White	WIDOWED		5-13-09	60	Months Days	Hours / Min.
OA. USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	WHAT COUNTRY
Housewif		Own Ho	ome	Pennsylvani		USA	
3. FATHER'S NA	WE			14. MOTHER'S MAIDEN N	AME		
	John Kwiatkov	rski		Jennie			
	Ever in U. S. Armed For		6. SOCIAL	17. INFORMANT	4040 5	ADDRES	SS
ies, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.	ngu n	4940 Easte		0.000
18, 0) 4	0,91		CAUSE OF DEAT	BCH-Records	Baltimore,	Maryland	21224
rise to th	OR CONDITIONS, if no obove couse (A) G CONDITION lost.			ND INFCTI A CONSEQUENCE OF: ABIETES ME		14,	yrs
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL T 1 (A).		RTENSION		?	
3 9/1		eg. ab-a	255	YES	No) 208. IF YES, WERE I IN CERTIFYING CA	FINDINGS CONSIDUSES OF DEATH?	YES
OR CONTRIB	THE WAS UNDERLYING THE UTING CAUSE OF y medical examiner	home	PLACE OF INJURY (e.g., i , farm, foctory, street, o	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact la	ication)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED e A1 Not White	21 F. HOW DID II	NJURY OCCUR?		
22 1 - 116	al as (1) (also because)			8/24	10 / 6 4-	9/15	19 69
	that (I) (this haspital		e deceased fram				
) last saw the decease				that in (my) (aur) opi	nian death accur	red an the dat
		ted abave. (I)	(We) (did) (did nat)	lew the bady after death	1.		
23A. SIGNATI	Million Oax	400-00	Ather Phy	ending Med. Director	Staff Phys.	238. DATE SIGNE	169
23C. PHYSICIA	AN'S Type) Michael J.	Holliday	y DEGREE!	23D. ADDRESS Bal	timore City I	Hospitals	id. 21224
24A. BURIAL CRE	EMATION, 248. DATE		ME of CEMETERY OF CR			ity, town, or county	
Burial	(Specify) 9-19-19	969 Sac	red Heart	Ba	ltimore Count	y, Maryla	nd
25A. DATE RECY	SK MEAN H CEPTS C	B. AAME	SEGISTRAR	25C. FUNERAL DIRECT		01-07 East	ern Ave.
VS 150-REV. 1/1/	/6B			0 . 0 /			



1	11-0	0	BALTIMORE CITY	HEALTH DEPARTMENT		60	0000
SIRTH I	-652 6	9 9202	CERTIFICA	TE OF DEATH	REG. NO	69_	9202
.NAM	E OF DECEASED	es	Laura		HOUR OF DEATH		12.20 p
. PLA	CE IN BALTIMORE, MARY	LAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where			
	NAME OF ALL NOT III	N HOSBITAL OR IN	CIVE STREET	Md.		9	09
OSPIT	NAME OF (IF NOT II TAL OR ADDRESS UTION	OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS	?
451110	Key Circle	1 Hos	pice.	BAllimore		YES Z	NO 🗌
0.0				E. STREET AND NUMBER	-1	- 1	0 1 7 / 2
70				1619 N.S	pring	91.	21213
SEX	6. RACE	7- MARR	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years ost birthday)	Months Day	r. If Under 24 His Hours Min.
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareig	n country)	12. CITIZEN	OF WHAT COUNT
ne du	ring most of working life, even	ir retired)		North CAN	lino		
. FAT	HER'S NAME			14. MOTHER'S MAIDEN NAM	E		
	Richard Is			Alberta	Grica		
es, no	or unknown) (II yes, give v	Armed Forces? war or dotes of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADI	ORESS.
18.	43641		CAUSE OF DEAT	H			PROXIMATE INTERVAL
	DISEASE OR CONDI	ITION DIRECTLY		0		DE (WI	EN ONSET AND DEA
	LEADING TO		(A)IMMEDIATE CAL	ISE Phumonis	J		
	nis does nat mean the art failure, asthenia, etc.		e.g., DUE TO, OR AS	A CONSEQUENCE OF:			
	ury or complication which		***				
	ANTECEDENT	CAUSES	(B) C.	U, A -			= 3.11
	SEASES OR CONDITIO		9	A CONSEQUENCE OF:			
	e ta the abave ca NDERLYING CONDITION		(C)				
	- 11		(-)				
	HER SIGNIFICANT CONDIT						
	THE DEATH BUT NOT REL SEASE OR CONDITION GIV		IAL				
	A. DATE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING C		
OR	A. ACCIDENT WAS UNDITED CAUSE CONTRIBUTING CAUSE ATH (notify medical exami	SE OF	21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)	in or obout 21C. WHERE DID flice bidg., INJURY OCCUR?	(If in Baltim	ore City, give exc	act location)
210	D. TIME (Month) (Da	y) (Yeor) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?		
5 0	PPROX.)		While At Wark Not Whi At Wark	le 🖳			
22	1 - 25 - 1 - 71 / 71 -	1 24 - 17 - 44 1			969 ta	7-15	19 6
	 I certify that (l) (this at (l) (we) last saw the 		0 12	1 5	t in(my) (aur) a	ninian death a	
			70 7 4 mm2 (m () 2 mm m () 2 mm m () 2 mm m m m m m m m m m m () 2 mm		(, (001) 0	pan dealli di	costica dii ille d
		uses stated abov	e. (I) (We) (did) (did nat)	view the bady after death.		23B, DATE SI	CNED
234	A. SIGNATURE	1. 1:0	h o Att	ending Med.	Staff		6-69
		rain	Phy DEGREE	s. Director U	Phys.	9-71	0-01
23 0	C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		2 -0	1 Mal 2/2
	Fernonda	0 5.	DEGREE DEGREE	5428 Jun	- mass.	4 - 50	to 113,212
	URIAL CREMATION, 248.	DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CANON	City, town, ar co	unty) (Stote)
KI	EMOVAL (Spedify)	9206	m////	Or meli	1500/1		heren 1
	P) 10111111	/ CL,	IN VILLE .	1 1 1 A CALIFORNIA IN	Decly	voc	In I care
SA. D	ATE REC'D BY HEALTH D	DEPT. 1268. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	91204	vac 1	ADDRESS .
SA. D	ATE REC'D BY HEALTH E	DEPT. DOB. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	Calana	220	ADDRESS A



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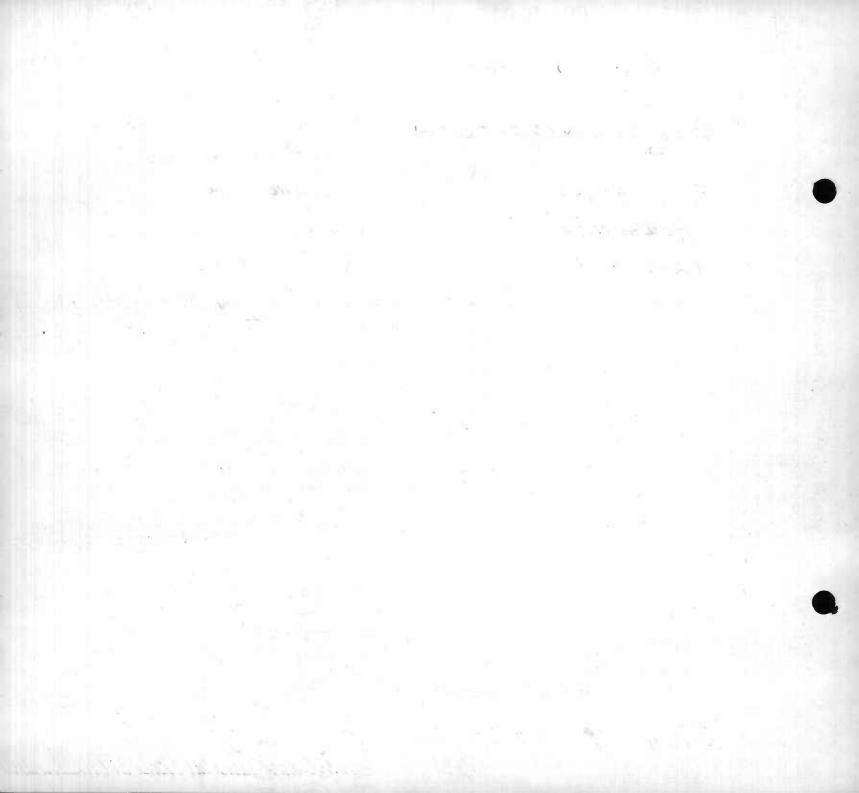
Errost Stugiste SA

Comes Summer on Boulus in

The statement of

IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT RESIDENCE (Where deceased lived, If institution; residence before D. INSIDE CITY LIMITS? NO 21 BAITO If Under 24 Hrs. Hours Min. If Under 1 Yr. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? APPROVAL 07 7 H& D EXAMINER ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (Stote) county) ADDRES! VS 150-REV. 1/1/6B



BALTIMORE C	CITY HEALTH DEPARTMENT
BIRTH NO. 69 9205 CERTIFIC	CATE OF DEATH REG. NO. 69 9205
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
OWENS, Lula	9.15.69 18:15
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before adr A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland /5 06
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
3.3	Baltimore YES ⋈ NO □
The Johns Hopkins Hospital	E. STREET AND NUMBER
S. SEX 6. RACE 7. ALARBIED 7 SIGNED ALARBOURD 6	2648 W. North Avenue
Female Negro WIDOWED DIVORCED	last birthdoy 57 Months Doys Hours
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT CO
Domestic Work	Whiteville, N.C. U.S.A.
3. FATHER'S NAME	Whiteville, N.C. U.S.A.
Jessie Leggett	Martha Hawkins
S. Wos Decoosed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or doles of service) SECURITY NO.	17- INFORMANT ADDRESS
No .	Mr. Wilbert Liggett 608 N. Mount
18. / 5 3 7 CAUSE OF DE	ATH APPROXIMATE INT
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND
LEADING TO DEATH	CAUSE RESP ARREST
heart lailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (B) NET	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, it any, giving itse to the above cause (A) stating the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	######################################
- 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	[20A. AUTOPSY? (Yos or No.)] 20B. IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 1	NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	g. in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
DEATH (notify medical examiner)	office bldg. INJURY OCCUR?
210. TIME (Month) (Doy) (Your (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not V	Vhilo C
22. I certify that (I) (this bessitut) attended the deceased from	UIK LIII
to the state of th	
The state of the s	
and haur and from the causes stated above. (I) (We) (dld) (did not	
	Attending Med. Shaff V
OFCORE 1	Phys. Director Phys. A 9.1).
J. Sylvester. M.D.	The Johns Hopkins Hospital
A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF	KEE
REMOVAL (Specify)	
Burial 9-19-69 Horace Grave 54. Date REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
SED 17 1969 Robert & Jaken M.D.	MORTON & DYETT F.H. 1701 Laurens
SELL TO TOTAL SELECTION OF THE SELECTION	INOUTON & DIETI L'II. TIOT DAMEGIE



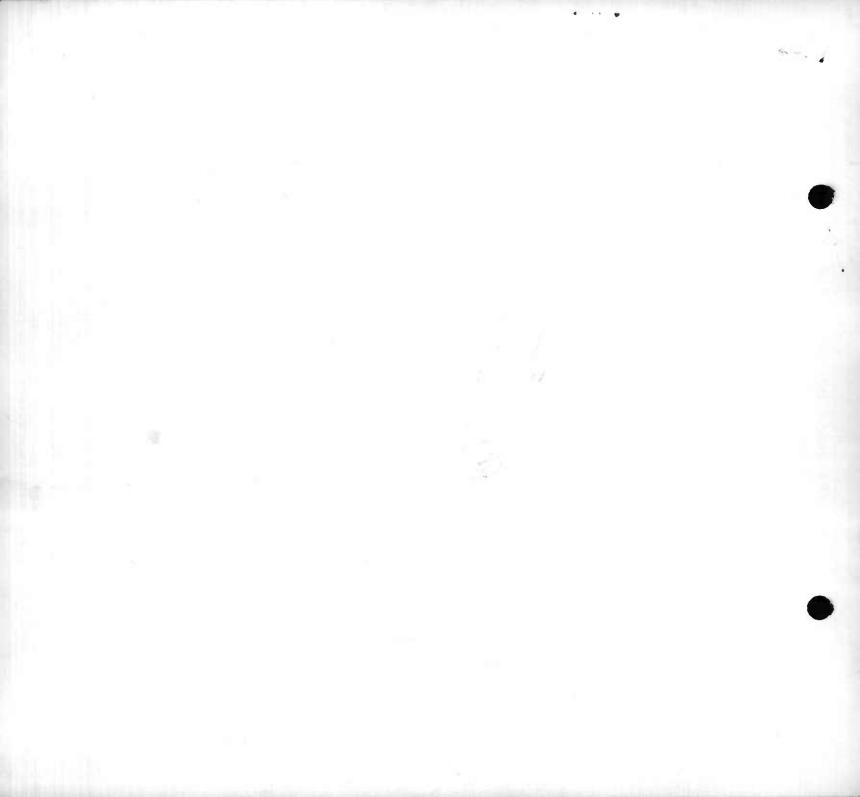
	spital and of death of Deceased ice on the eath. Such
	rred in a ho buting cause led cause; (5 ar attendar prior to di
•	t or contrib t or contrib Undetermir vas in regul he deceased
PORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	aminer or haminer. Also A fracture of vho pronoun regular atte
RAL DIRE	f medical exmedical exy burns; (3) physician vian was in eremains at
FUNE	d by the chie spital by a rure; (2) Bod t where the 6) No physic ed before the
	be approved ed to the ho nt of any na pital (excep path); and (
	This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospite deceased prior to deatl written approval must
	This cert the body shows: (1 was D.O. deceased

ERITH CATE OF DEATH CANAGE OF DECEASED CITY OF TOWN CONTROL STATES AND MOUR OF DEATH CONTROL STATES OF TOWN CONTROL STATES CONTROL STATE	(BALTIMORE CITY	THE TETT DET THE THE THE		00 000	
I. HAME OF DECRASED CONTINUED CONTIN	DID		CERTIFICA	TE OF DEATH	REG. NO	69 920	0
2. FLACE IN SATINGE MARRIADO, WHERE FRONDED DAD A STACE IN SATINGE MARRIADO, WHERE FRONDED DAD A STACE IN SATINGE GENERAL CONTROL IN HISTITUTION, GIVE STREET FOR A STACE OF THE AND INJURED A REAL OF THE AND	1. N	IAME OF DECEASED	4)	2. DATE AN	D HOUR OF DEATH		
2. SEAR OF STREET AND	(Typ			1eva \ 9-1	6-69	1 3150	R
FILL NAME OF THE POOT TO MODERS OF INSTITUTION, GIVE STREET MODERS OF INCATORY OF STREET AND MUSEUM CHIEF ADDRESS OF INCATORY OF STREET AND MUSEUM CHIEF AND MU	3. 1			14. USUAL RESIDENCE (When	e deceased lived. If in	stitution; residence before a	dmissi
ADDRESS OF COADITION SECRETARY OF HEAD OF BUSINESS OR INDUSTRY 11. BINERACE SAVE S. SEE MARCE MAR					11	1100	,
S. STACE S. SACCE M. ARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE ID years H. Under 3 Tr. H.	FU	LL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET		In INSI	DE CITY I MITS?	
S. SEE AND NUMBER S. RACE 7. MARRIED NEVER MARRIED N. DATE OF BIRTH N. DATE O		TTESCATE AME	ND 6 B - 173/6	th' -			
S. SEE MARKED NEVER MARRIED NEVER MARRIED B. DATE OF BIRTH Care for means in the most be discovered in the sear for means in the most be discovered in the sear for means in the most be discovered in the search of the se	41	The state of the s	The range of	E. STREET AND NUMBER		100	
S. SEE G. BACE MARRIED NEVER MARRIED S. DATE OF BIRTH N. AGE (In precs lost light-light) (Months): Dry S. Hours with Months): th Months with Months		46 MARY	land	2708 RIGA	s Ave		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) MATECEDENT CAUSES DISEASE OR CONDITION S, if any, giving isso in the above cause (a) seleing in the bobby cause (a) seleing in the bo	5. S	SEX 6. RACE 7. MAR	PIED NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. , If Under	
13. FATHER'S NAME	-	10000			* .4	Months Doys Hours	Min.
ASTINAN GEORGIAN 1.5 Armed Foreign 1.5 A						12. CITIZEN OF WHAT	COUNT
13. FATHER'S NAME 15. WER DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This date not medical dying, e.g., least follows, provided death) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERTING CONDITION lest. DISEASE OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERTING CONDITION lest. DISEASE OR CONDITIONS if ony, giving rise to the above cause (A) sloting the UNDERTING CONDITION lest. DISEASE OR CONDITION DISEASE, and the above cause (A) sloting the UNDERTING CONDITION (PICE PROVIDED TO THE BEATH BUT AND DEATH OF THE BEATH BUT AND DEATH B	don	eduring most of working tife, even if retired)		15 1		4 4 4	
15. WER DACEASE FOR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., lead by the constitution of the constitution						USA	
15. West, Dacessard Szeri in U. S. Armad Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. SECURITY NO. 17. INFORMANT 18. SECURITY NO. 17. INFORMANT 18. SECURITY NO.	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE .		
Test no or unknown diff yes, give wor or doles of services SECURITY NO.		teter Doive	274	MAHI	e Spive	ry	
CAUSE OF DEATH CAUSE OF DEATH CAUSE CAUSE OF CAUSE OF CAUSE OF CONDITION S, if ony, giving rise to the above couse (A) storing the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITION S CAUSE S C				17. INFORMANT		ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follow, cathering, etc.) Il meens the disease, injury or complication which coused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) storing the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE REMINAL DISEASE OR CONDITION WAS PERFORMED OTHER SIGNIFICANT CONDITION SET THE REMINAL DISEASE OR CONDITION OF THE REMINAL DISEA	(16.	s, no or unknown, in yes, give wor or does or ser	JECORIII NO.	He Nhatie	Same	2018 / 00	Tam.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, ostherio, etc., It meens the diseases, injury or complications which coused doeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving rise to the above couse (A) storting the UNDERLYING CONDITION tost. (C) OTHE DEATH BUT NOT RELIATED TO THE TERMINAL DISEASES OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELIATED TO THE TERMINAL DISEASES OR CONDITION (PRO NOTE)	_	118 / 0 /	CAUSE OF DEAT		PIVERO	APPROXIMATEU	TERVA
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This does not meen the mode of dynn, e.g., including complication, etc. it meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving isse to the above couse (A) stoting the UNDERLYING CONDITION lost. II OHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION S CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). 1994. DATE OF OPERATION 1995. CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 1994. DATE OF OPERATION 1995. CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 1994. ACCIDENT WAS PERFORMED 2104. ACCIDENT WAS PERFORMED 2105. TIME (Month) (Doy) (Year) (Hour) 21E, FLACE OF INJURY (e.g., in or about 20 C, WHERE DID (III in Boltimore City, give exact location) home, form, foctory, sheet, office bidg. (INJURY OCCUR? DE CONTRIBUTING (A) (A) (Hour) 21E, INJURY OCCURRED 2107. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 221. Certify that (I) (this haspital) attended the deceased from 19 to 19 t				Front Red	A aller		
hendr foilure, osthernic, otc. II means the discoses, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING WAS PERFORMED 20 21.A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21 DEATH GLOSE OF OPERATION SECONDITION FOR WHICH OPERATION WAS PERFORMED 21 DEATH GLOSE OF OPERATION CAUSE OF DEATH (Anothy medical examine) etc		(This does not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C)			eose,		0		
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MORTAN & Duetlet H 1701 Laurens	MEDICAL CER	DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. BINISTIANS NAME (Type) A. BURIAL CREMATION, 24B. DATE 24B. PATE 24B. CREMOVAL (Specify)	(C)	20A. AUTOPSY? (Yes or No 170 in or obout 21C. WHERE DID infice bidg., INJURY OCCUR? 21F. HOW DID INJ 19 and the view the bady after death. 23D. ADDRESS 23D. ADDRESS	20B. IF YES, WERE IN CERTIFYING CA (If In Boltimor URY OCCUR? 19ta	FINDINGS CONSIDERED USES OF DEATH? The City, give exact location 19 nian death accurred an 23B, DATE SIGNED 9-16-	the d
	MEDICAL CER	DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. PHATICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. PATE REMOVAL (Specify) 9 19 69	ING INAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not Whith At Work ded the deceased fram ve. (I) (We) (did) (did nat) ve. OEGREE DEGREE Ath DEGREE NAME of CEMETERY of CR	20A. AUTOPSY? (Yes or No NO NY O in or obout 21C, WHERE DID fine bldg., INJURY OCCUR? 21F. HOW DID INJ 19 and the view the bady after death. 23D. ADDRESS EMATORY 23D. ADDRESS 23D. ADDRESS	20B. IF YES, WERE IN CERTIFYING CA (If In Boltimor URY OCCUR? 19	FINDINGS CONSIDERED USES OF DEATH? The City, give exoct locotion of the control	the d
	MEDICAL CER	DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (I) (this haspital) attenthat (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. PHATICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. PATE REMOVAL (Specify) 9 19 69	ING INAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not Whith At Work ded the deceased fram ve. (I) (We) (did) (did nat) ve. OEGREE DEGREE Ath DEGREE NAME of CEMETERY of CR	20A. AUTOPSY? (Yes or No 19 21F. HOW DID INJ 21F. HOW DID INJ	20B. IF YES, WERE IN CERTIFYING CA (If In Boltimor URY OCCUR? 19	FINDINGS CONSIDERED USES OF DEATH? The City, give exoct locotion of the control	the

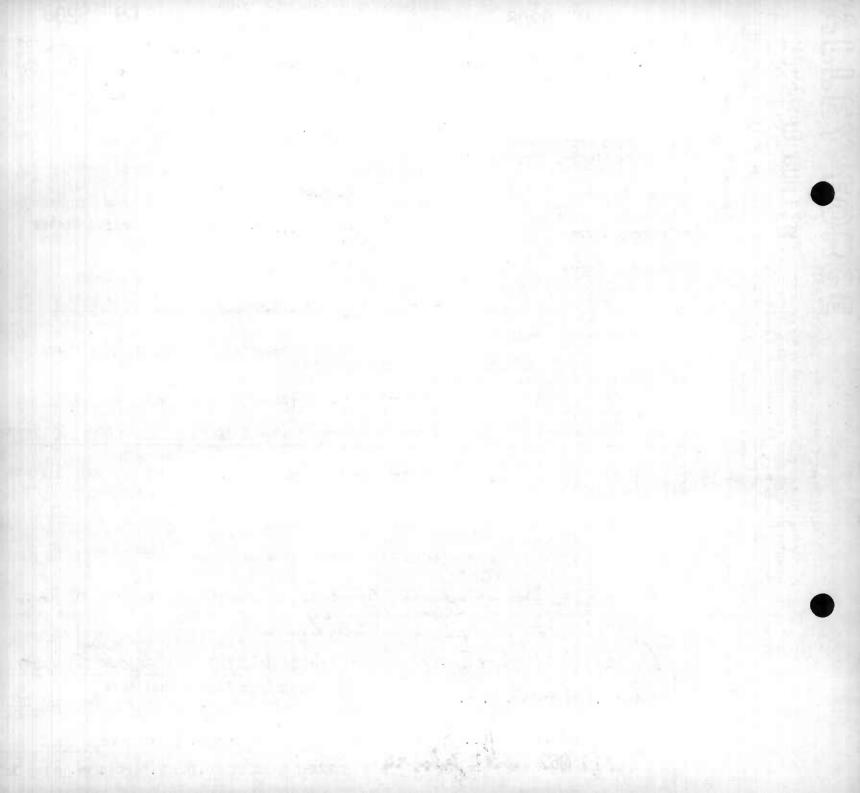
10/3/69 - Correction form from funeral director.

FUNERAL DIRECTOR: IMPORTANT

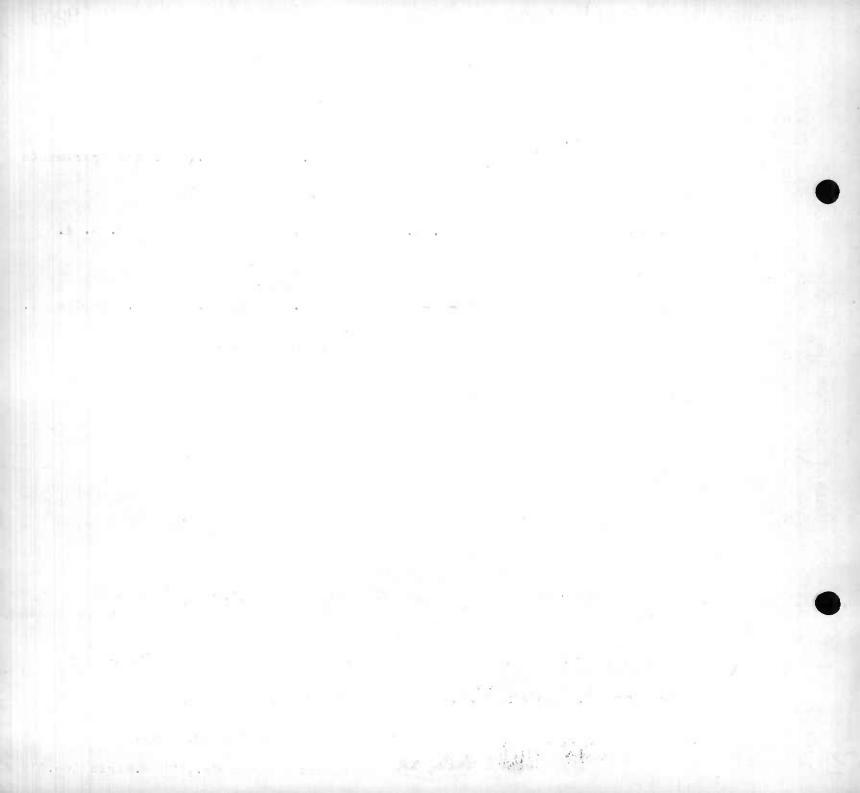
1	BALTIMORE CITY	Y HEALTH DEPARTMENT	
	RTH NO. NAME OF DECEASED DEVEAUX CERTIFICA	TE OF DEATH REG. NO. 69	3207
(Ť	pe or Print) Develope this name	2 DATE AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence	before admission
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY MARY AND C. CITY OR TOWN D. INSIDE CITY LIMITS?	5
1	Church home and hoppital.	Beiltimon YES 17	поП
	Church home and hospital, 35 101 N Broadway Beltimon. MD 21231	E. STREET AND NUMBER 210 Kethel Court	
	Female Liver MARRIED WIDOWED DIVORCED	10-4-85	If Under 24 Hrs. Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)	WHAT COUNTRY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7 11 .
	Lawrence Robertson	hizal Kennedy	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? sono or unknown] (It yes, give war or dates af service) SECURITY NO.	17. INFORMANT ADDRI	ESS
Ĺ	211 182473	Hrs Thelma Hall 210 Beth	c/ C4.
	DISEASE OF CONDITION DISEASE OF DEATH	H APPRO	XIMATE INTERVAL
	LEADING TO DEATH	Perla	6 1
	(This does not meon the mode of dying, heart failure, asthenia, etc. ft means the disease.)	A CONSEQUENCE OF:	6 hours
	heart failure, asthenia, etc. It means the disease, injury or campfication which caused teath.	0 0	
	ANTECEDENT CAUSER	cture of (b) lup	
	DISEASES OR CONDITIONS, if day, giving 2 DUE 10, OR AS	A CONSEQUENCE OF:	***********************
	UNDERLYING CONDITION last.	***************************************	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL	toritue Asculo	
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSI	DERED
ERTIFIC	1 9-15-69 WAS PERFORMED Brother hip to	IN CERTIFYING CAUSES OF DEATH?	
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., Ir home, form, fociary, sireet, of DEATH (notify medical examines)	ice bidg., INJURY OCCUR?	ocotion)
LEDI	21D. TIME (Manth) (Doy) (Yearl (Houd 21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	-60
×	(APPROX.) 8 31 (A While At Work At Work	X fell as home	
	22. I certify that (I) (this hospital) attended the deceased from		10 / 9
	that (1) (we) last saw the deceased alive on 9 - 15 -		
	and have and from the causes stated above. (1) (We) (dtd) (dtd not) v	few the body after death.	
	23A. SIGNATURE	23 B. DATE SIGNE	D
	DECREE Phys	nding Med. Staff Phys. 9-15	69
	HAME HYPER 17- H. V. KR IS HAIGH RATO	Butte mer	1
244	BURIAL CREMATION. 248. PATE 24C. NAME of CEMETERY OF CRE		(Stole)
	Ku I gliglia HL	Cem, 1 to Balto. M	d
254	DATE REGO BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ALNERS
VS	150-REV. 1/1/68	10.4	

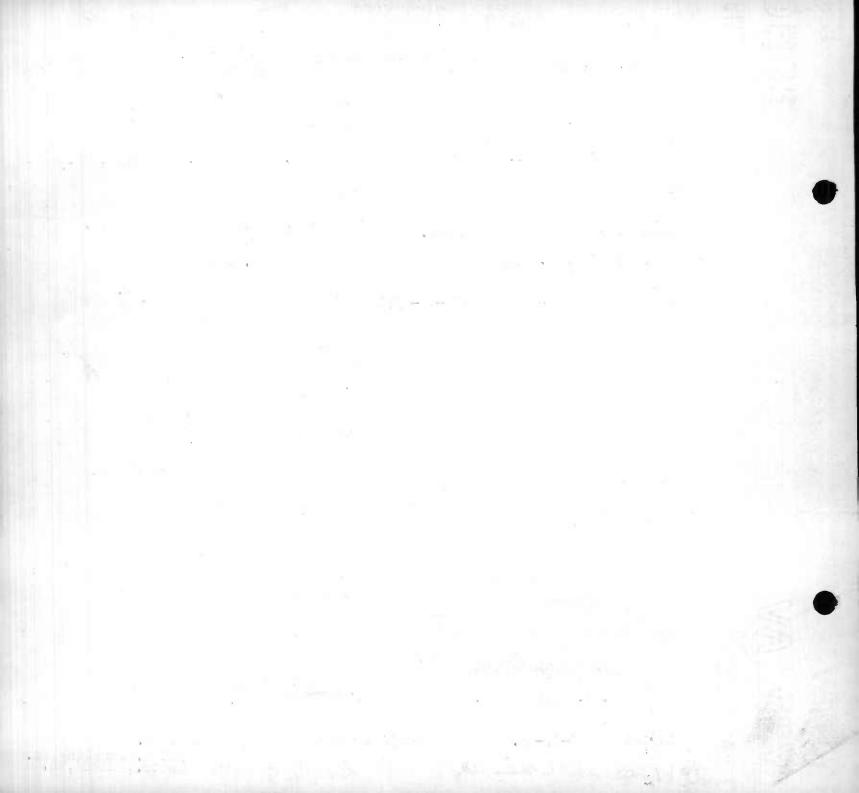


VS 150-REV, 1/1/68

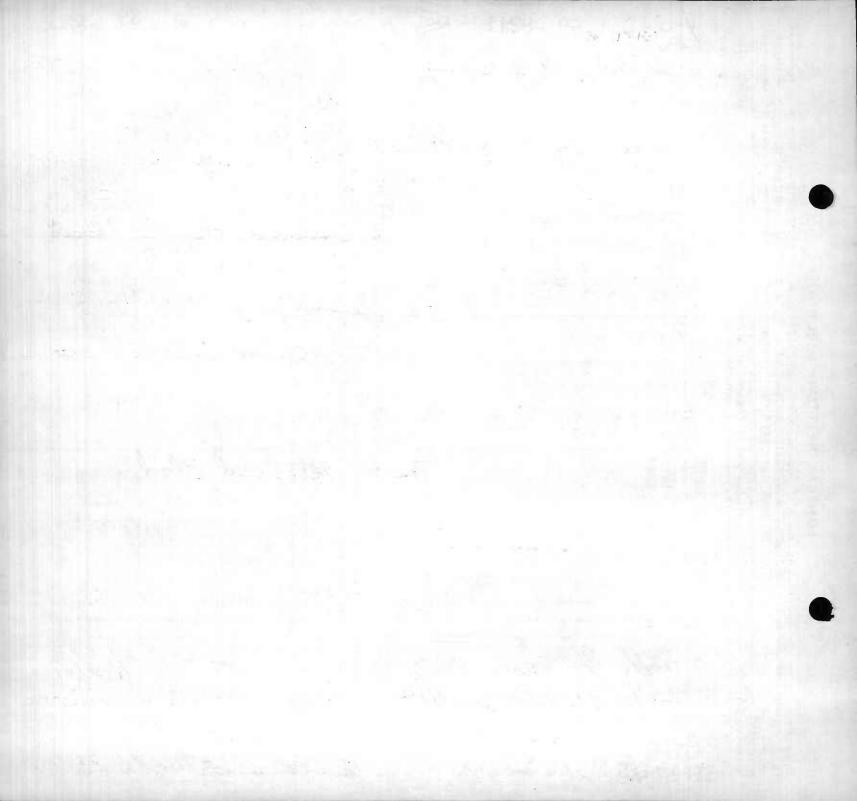


VS 150-REV. 1/1/6B





	AME OF DECEASED	Ba V		2. DA	9/15/19	ATH 12
3. 1	PLACE IN BALTIMORE, MARY	LAND, WHELE PRONOUN	NCED DEAD		(Where deceased tived	. If institution: residence
FU	LL NAME OF (IF NOT IN	N HOSPITAL OR INSTITUT	TION. GIVE STREET	A. STATE B.	BALLA PA.	5
HO	SPITAL OR ADDRESS	OR LOCATION	A A	C. CITY OR TOWN	D.	INSIDE CITY LIMITS?
11	10 . 11	al tolal	Ballingon	E. STREET AND NUM	noie	YES 2
X	Junor 110	sagrifica of	Solumou	5309	Lewellan	Que 7
s. s	EX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years lost birthdoy)	If Under 1 Yr. Months Doys
	MW	WIDOWED	DIVORCED	9/13/69		2
	. USUAL OCCUPATION (Give keep during most of working life, even		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF
10				Saltimo	ne, Pla	u
13.	FATHER'S NAME	91		14. MOTHER'S MAIDE	NAME S	
15 1	Was Deceased Ever in U. S.	going.	6. SOCIAL	17. INFORMANT	. your	ADDRE
(Yes	or unknown) (If yes, give w	or or dotes of service)	SECURITY NO.	0 / / 1	5.	309 Lewell
	18-2-2-1	-	CAUSE OF DEATH	Joseph A y	oung.	I APPRO
NOI	TISE TO THE OBOVE COUNTY OF THE PORT OF TH	I lost.	(c)Possil	le Intras	aniel Bl	load
	TO THE DEATH BUT NOT RELADISEASE OR CONDITION GIVE	EN IN PART I (A).	HICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, W	VERE FINDINGS CONSIL
ü	21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical examin	E OF	PLACE OF INJURY (e.g., i , form, foctory, street, of	n or obout 21C. WHERE I	DID (If in Bo	timore City, give exoct le
	21 D. TIME (Month) (Doy	y) (Year) (Hour) 21E. I	INJURY OCCURRED	21F, HOW DI	D INJURY OCCUR?	
		While	At Not While			
ā	OF INJURY (APPROX.)	Work	At Work			1 1.
MEDI	OF INJURY (APPROX.) 22. 1 certify that (1) (this	hospital) attended the	deceased from		19to	9/15/69
MEDI	OF INJURY	hospital) attended the	deceased from			9/15/69 opinion deoth occu
MEDI	OF INJURY (APPROX.) 22. I certify that (I) (this that (I) (we) lost sow the ond hour and from the cou	hospital) attended the	e deceased from	9/13/69	nd that in (my) (our	
MEDI	OF INJURY (APPROX.) 22. I certify that (I) (this that (I) (we) lost sow the ond hour and from the course. 23A. SIGNATURE	hospital) attended the	(We) (did) (did not) v	9/13/69 19 o	nd that in (my) (our	9/15/69 opinion deoth occu
MEDI	OF INJURY (APPROX.) 22. I certify that (I) (this that (I) (we) lost sow the ond hour and from the cou	hospital) attended the	We) (did) (did not) v	19 oriew the body ofter describing Med. Director 23D. ADDRESS	nd that in (my) (our)	

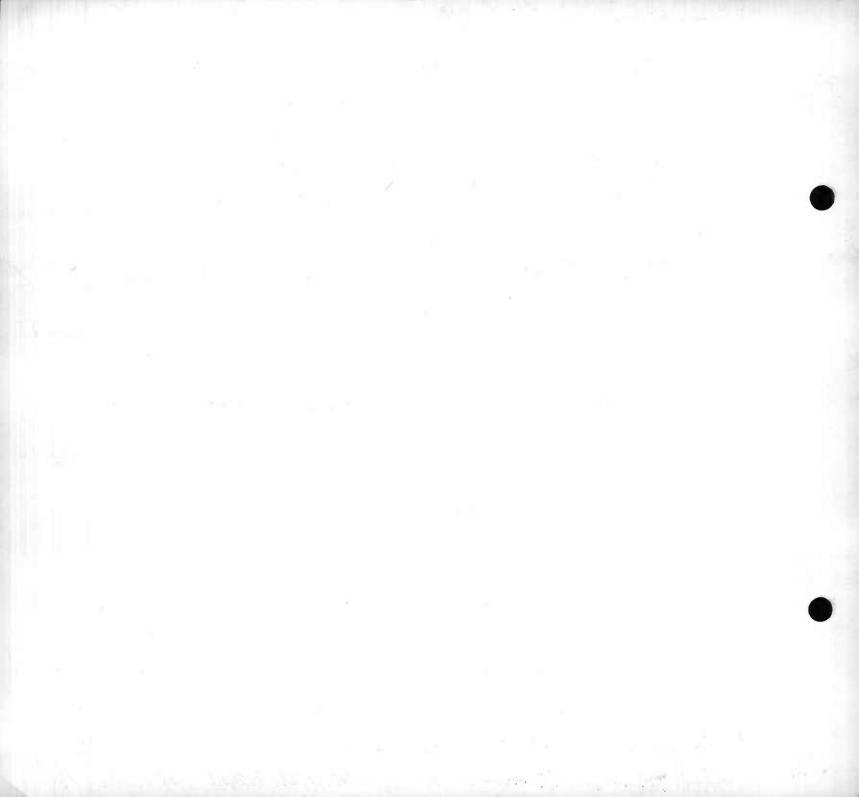


. / .	-	0040	BALTIMORE CITY	HEALTH DEPARTMENT		00 0010
# - 4 /	5 69	9212	CERTIFICA	TE OF DEATH	REG. NO	69 9212
1. NAME OF D (Type or Print)		Henry 4	CLHBETN HOHLI		AND HOUR OF DEATH	1./1:20 P. M
3. PLACE IN B				4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
CERT	IFICATE.	AME	NDED.	A. STATE B. COI	JNIY	1510
HOSPITAL OR	ADDRESS OR LOC	ATION)	9-23-69	Maryland C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
24				Baltimore		YES NO
House	in the Pines,	Belvede	re	E. STREET AND NUMBER		
				3607 Garris	son Blvd.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
Male	Cauc.	WIDOWED[Feb. 17, 1886	83	
	CCUPATION (Give kind of wor of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	cal Engineer	B & 0	Railroad	Maryland		U.S.A.
3. FATHER'S N	NAME			14. MOTHER'S MAIDEN N	AME	
John H	lenry Hohlbein			Elizabeth	Kahl	
S. Was Deceas	sed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		timore, ARPIESS 21215
	own) (If yes, give wor or dole	es of service)	SECURITY NO.	77-1-1		
No	6		CAUSE OF DEAT		onTperu 360	7 Garrison Blvd.
100	5 X	DE C. T. V	CAUSE OF DEATH	^		BETWEEN ONSET AND DEATH
DIZE	EASE OR CONDITION DI LEADING TO DEATH	KECILY		1 Om	- 17 G	
(This daes	s nal mean the made af	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
	re, asthenia, etc. It means camplication which caused					The second
	ANTECEDENT CAUSES		0.	· tt.	hatt.	
DISEASES	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	4	
rise lo	the abave cause (A)			() ()-	
UNDERLY	ING CONDITION last.		(c)	······································		
Z	ll			-11-	1 -	
P TO THE DE	NIFICANT CONDITIONS CO	HE TERMINAL	Ortina Ed	while Hood o	Drawy.	
	OF OPERATION 198. CON	IDITION FOR V	VHICH OPERATION	20A. AUTOPSY3-(Yes or	No) 208. IF YES. WERI	E FINDINGS CONSIDERED
19A. DATE	WAS PER	FORMED		Mr.	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCII	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID	((f in Baltim	are City, give exact lacation)
₹ DEATH (no	RIBUTING CAUSE OF	hom etc.)		fice bldg., INJURY OCCUR?		
O 21D, TIME	(Manth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NILLBY OCCUR?	
S OF INJURY	, treating today, treating		le At Not Whit		NOCKY OCCOR.	
(APPROX.)		Wor				A
22. I certi	ify that (1) (this haspita	l) attended th	ne deceased fram	10	19 6 9 to	1968
that (I) (y	yet last saw the decease	ed alive an	Light, i	19 6 9 and	that in (my) (aur) a	plnian death accorred an the date
and haur	and fram the causes sta	ted abave. (I	(Wa) (did) (did nat)	tew the bady after deatl	٦.	
23A. SIGNA	ATURE /	^	4.		Eddin Coll	23B. DATE SIGNED
1/	1 / Wit mi	du .	Atte	nding Med. Director	Staff Phys.	12 SEP 69
23C. PHYSIC	CIÁNS		GEGREE	23D. ADDRESS		
	H. P. Friedman	M.D.		3106 Labyrin	th Road	
24A. BURIAL C	CREMATION, 24B. DATE		ME of CEMETERY OF CR			City, tawn, ar caunty) (State)
Buri	al 15 SEP	69 Mt.	Olivet Cemet	erv A., B	altimore. Ma	arvland
25A. DATE REC		B. BAME	EGISTRAR	25C. FUNERAL DIRECT	2/Allrons	ADDRESS
SEP 17	MOS MASSAGE	STATE OF	* P.	G. Howard St	rong 3207 W	North Avenue
100 BCM 1	/3.//.0	-			0-1-	

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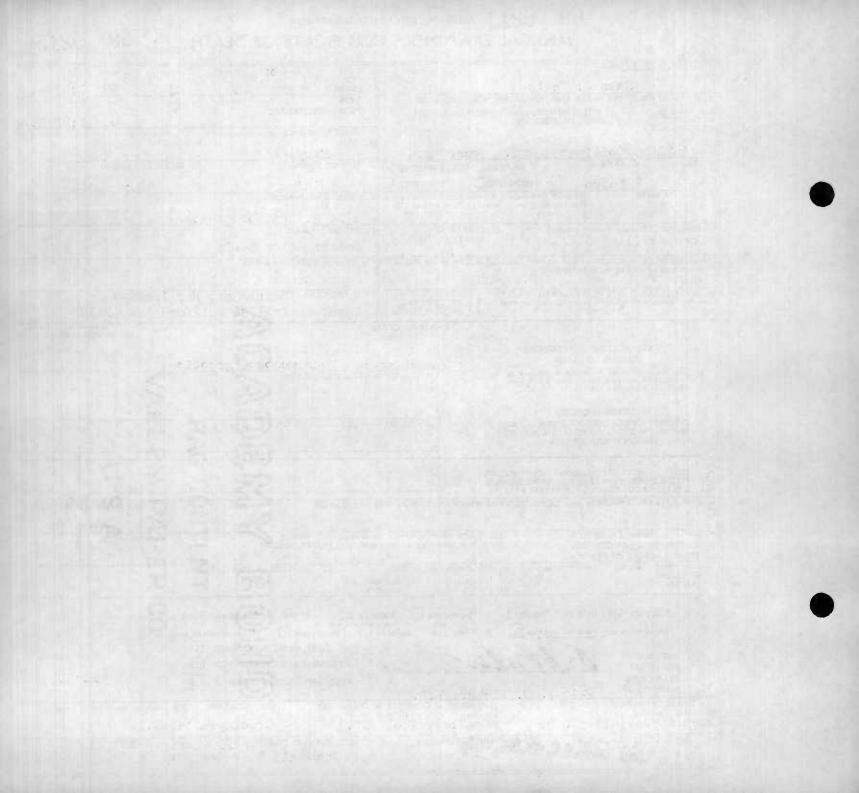
	occurred in a hospital and ontributing cause of death ermined cause; (5) Deceased regular attendance on the eased prior to death. Such is made.
DR: IMPORTANT	iner or his assistant if deoth ner. Also, if the direct or co acture of any kind; (4) Undete pronounced death was in plar attendance on the dece mbalmed or final disposition
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approte the body was released to the shows: (1) An accident of any was D.O.A. at a hospital (excdecased prior to death); and written approval must be obta

	E-524 69 921	2	HEALTH DEPARTMENT	V	69 9213
BII	ATH NO.	CERTIFICA	TE OF DEATH	REG. NO	3,410
	pe or Panil Ka Therine L.	Engel	2. DATE AN	12-69	13:55 A.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. Il in	stitution: residence before odmission)
H H	OSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	Carrell	DE CITY LIMITS?
	Mary land Genera	1 Hospital	E. STREET AND NUMBER	tre.	YES NO 🔀
	F WIDON		2-5-24	9. AGE (In years lost birthdoy)	Il Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 10 B. KINI ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote ar forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		OSPITAL	Mary land	Q	U.S.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
1	Arthur Engel		Johanna	HARR	00+5
15. (Ye	Wes Deceosed Ever in U. S. Armed Forces? s, no or unknown) Ilf yes, give wor or doles of servi	cel SECURITY NO.	17. INFORMANT	unsp	ADDRESS
	No	220-14-7080	Patient		
	18.44441	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAU		ry Thrombo	sis minutes
	heart failure, osthenia, etc. It means the dise injury or complication which caused death.)	ose,	A CONSEQUENCE OF:	02.11	
	ANTECEDENT CAUSES	Do	ssible emboli:	RIGHT	g / week
	DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:	5m - 10	
	nise to the obove cause (A) stoling UNDERLYING CONDITION last.	1he			
	CADEALING CONDITION (ast,	(C)			***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************	***************************************	
ERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, aft etc.l	or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)
ED	21D-TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21 E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
٤	(APPROXI	While At Not While	' -		_ 1
	22. I certify that (I) (this hospital) oftend		9/11	9 65 to	9/12 10/08
	that (I) (we) last saw the deceased alive	6 1.2	1 / 2 /	(Ion death occurred on the date
	ond haur and fram the couses stated above	e. (I) (We) (did) (did not) v	'		
	23A, SIGNATURE	ρ . ρ			23 B. DATE SIGNED
	William Z.	Atter	nding Med.	Staff Phys.	9/12/69
	23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS	- (11 11
L	William L. E	oddiE MA	Maryland	2 Genera	1 Hospital
24	A BURIAL CREMATION, 248, DATE 249 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY / 24D. LO	CATION (Cit	, town, or county) (State)
	Burial 9-15-69	Lake View Cer	netery s	skesville	That.
25	A. DATE REC'D BY HEALTH DEPT.		25C FUNERAL DIRECTOR	61. 11.	ADDRESS Md
T.	150 Per 1000 Robert E. Jaben	1000	Harry W.	Yought S	Keowell, Mill.

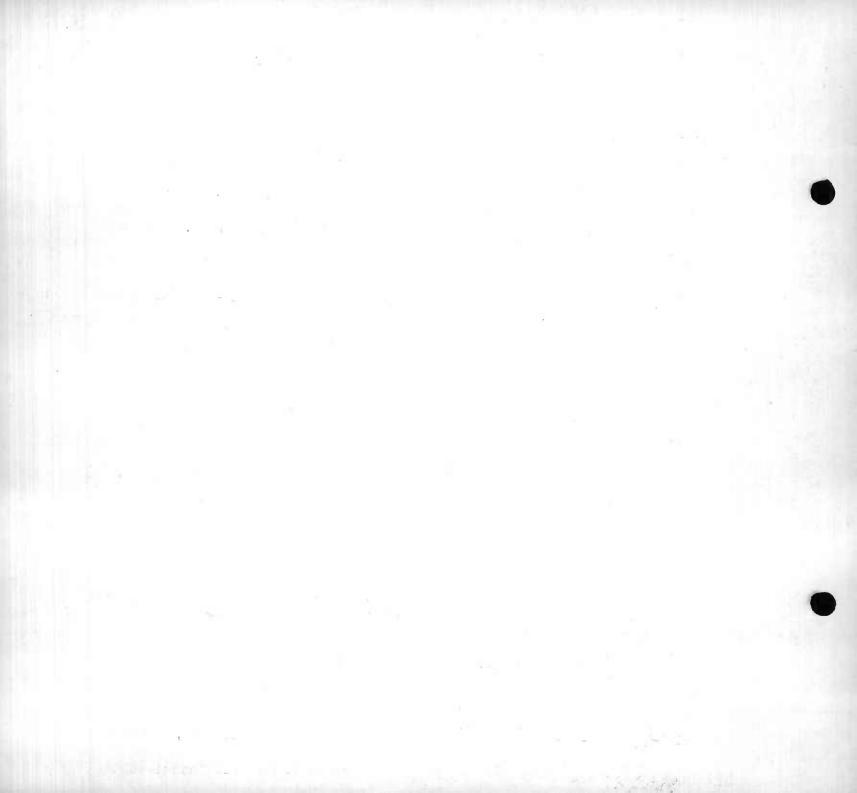


	R - 2/2 69 9214	REG. NO.	69 9214					
BIF	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	00. 0014			
	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH				
(iy	pe or Print) FREDERICK BOJARS	SKI	Se	OT 15.19h	9110 10 PM			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where	e deceased lived of institu	jion: residence before admission)			
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	BALTIMORE D. INSIDE	CITY LIMITS?			
1	JUNIU. OF MARYLAND	RA PASADENA YES DO NO X						
-	Hospital, BALTIM	E. STREET AND NUMBER						
5.	6. RACE AVCUL WIDOWED TO	NEVER MARRIED	8. DATE OF BIRTH	ast birthday)	Under 1 Yr. Il Under 24 Hrs. anths Days Haurs Min.			
10/	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS		- 1	on country)	2. CITIZEN OF WHAT COUNTRY			
dor	Ret. Ceneter	Construct me	USA.	,	USA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE (
	FRANK BOTARSKI		ANTOINET	te Mech	ock			
15. (Ye		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	NO		FAMI/4	San	nl			
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- MOTHOUM	TIC CHIM	00 1-440				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,							
	injury or complication which caused death.)							
	ANTECEDENT CAUSES	(B)	ARCINOUA	Long	IUR,			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.							
	UNDEKLTING CONDITION last, (C)							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
S	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1988. CONDITION FOR WHICH	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
RTIF	NOUR WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21B. PLA hame, lo	CE OF INJURY (e.g., in Irm, factory, street, alfi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(if in Bolilmare Ci	ty, give exoci lacotion)			
MEDI	21D-TIME (Manth) (Day) (Year) (Houd 21E INJ	URY OCCURRED	21F. HOW DID INJU	IRY OCCUR?				
8	(APPROX.) White A	Not While						
	22. I certify that (I) (this hospital) attended the deceased from 9-6 1969 to 9-15 1969							
	that (I) (we) last saw the deceased alive on 9 15 19 69 and that In (my) (our) opinion death occurred on the date							
	and hour and fram the causes stated above. (1) (We) (did) (did not) view the bady after death.							
	23A. SIGNATURE	44	100	231	B. DATE SIGNED			
	your W. Hackford	OE GREE Phys.	Director L F	Shaff Phys.	SepT.15-69			
	23C. PHYSICIAN'S NAME (Type) TAMES M. BLACK FORD MD UNIU. MD. HOSPITAL							
24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, town, or county) (Stole								
	Burul 9-19-69 ST. 4	ins Cemel	tay an	napolis, Ma	ryland.			
25/	DATE REC'D BY HEALTH DEPT. 258. NAME OF RE		John N. Huhn		ADDRESS DUKE			
븠	150-PEV 1/1/68	-	710 111 111	1 100 1 111111				





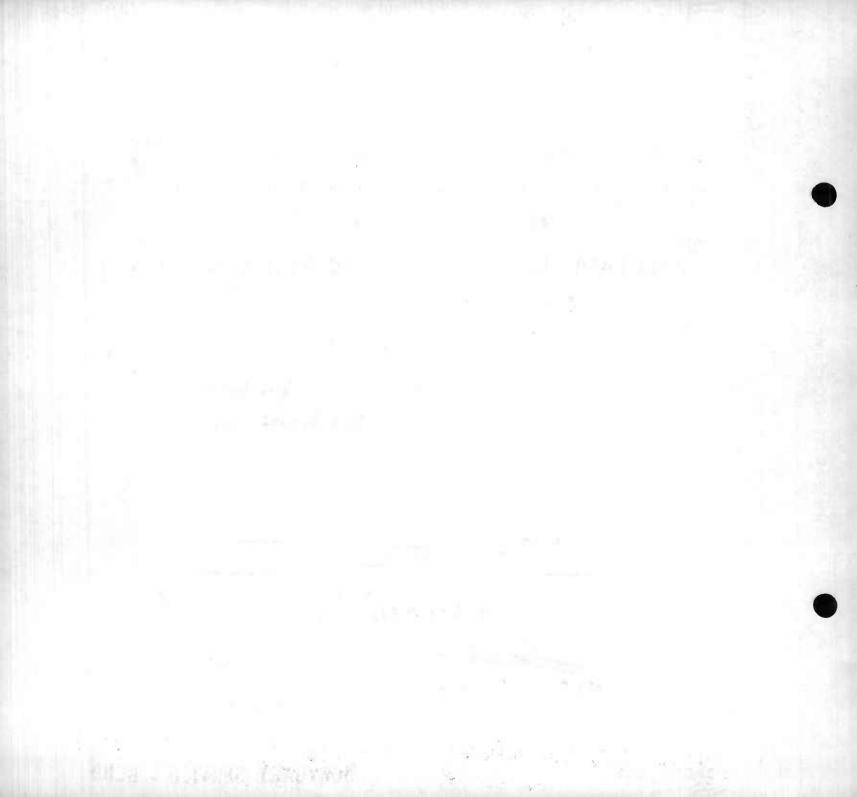
B-652 69 9216 BALTIMORE CITY HEALTH DEPARTMENT 69 9216									
D-65 00 3216	CERTIFICA	TE OF DEATH	REG. NO	53	9216				
1. NAME OF DECEASED (Type or Print) (TATHERINE		Sept. 450 A M.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY								
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)		Maryland Baltimore 283/							
Harbor View Nursii	Baltimore YES NO								
OCON Val escent	\$ XXXX Reisters lown Road								
	F WIDOWED DIVORCED			B. DATE OF BIRTH 9. AGE (In years lost birthday) 9. AGE (In years lost birthday) 15 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 10B, K) done during most of working lite, even if retired)			n country)		OF WHAT COUNTRY?				
Housewile	ousewile		Prince George Co, Md. USA						
13. FATHER'S NAME	homas Lawrence		17 atherine Seaborn						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	17. INFORMANT ADDRESS								
untennon	2/3-10-2742	Melvina Johnson	on - 42 Ritt	ers Lar	ne Owings				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) (C) 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED (A) (A) (A) (A) (A) (A) (A) (A									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 179. DATE OF OPERATION 19B. CONDITION WAS PERFORMED WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or about 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	: City, give exa	ct location)				
21 D. TIME (Manth) (Doy) (Year) (Haut OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJURY OCCUR?							
22. I certify that (1) (This hospital) atter that (we last saw the deceased aliverand have and from the causes stated about 23A. SIGNATURE	ove. 47 (We) (did) (did not) v	view the bady ofter death.	t in (my) (au) opin	23B, DATE SIG					
	DEGREE OF CEMETERY OF CR	EMATORY 24D. LO	CATION (Ci	y, tawn, ar cau	unty) (Stote)				
Burial 9-16-69	Woodlawn Ceme		ltimore, Ma	ar yland					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Armacost Funeral Chapel-4600 Liberty Hts									
P 1 8 1969 Pale & E. Faller	A Co	Armacost Fune	eral Chapel	-4600 I	Jiperty Hts				



1	TION	BALTIMORE CITY	HEALTH DEPARTMENT		69 9217
BI	FTH NO. 69 9217	CERTIFICA	TE OF DEATH	REG. NO	OO OWIL!
(T ₂	NAME OF DECEASED PROPERCY I	MFORS16	4 9115	HOUR OF DEATH	1,00A. M
II EI	PLACE IN BALTIMORE, MARYLAND, WHERE PRO JUL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION) ISTITUTION		A. STATE B. COUNTY MARYLAND CLITY OR TOWN		DE CITY LIMITS?
	UNION MEM.	HOSP.	BACTIMOR		YES NO
	BALTO, MD.			ERLANG	
	SEX 6. RACE WIDOW	DIVORCED	9 13 00 00	AGE (In years of birthdoy) 69	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIN) ne during most of working life, even if retired) OSE WFE	D OF BUSINESS OR INDUSTRY	11. BIRTHINACE (Side or foreign	ND	12. CITIZEN OF WHAT COUNTRY
	SAMUEL WK	144	14. MOTHER'S MAIDEN NAME	M	PAYNE
1.5. (Y	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	Mr. John Forsigl	a	(Same)
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATI		q :	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, heart failure, osthenia, etc. It means the dise		SE M. Imaic	1 (800	
	injury or camplicolion which coused deoth.) ANTECEDENT CAUSES	(B) ASCV	D CORONAL A CONSEQUENCE OF:	RYART.	
	DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stating UNDERLYING CONDITION last.	the / SUF I	A CONSEQUENCE OF	MI.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				1.5.
EPTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
4	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Baltimore	e City, give exact lacotion)
MEDIC	21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJUR	Y OCCUR?	/
	22. I certify that (I) (this hospital) attend	0/11/	7/8 19 ond that	-	nion death occurred on the date
	ond hour ond from the couses stoted obov	e. (1) (We) (did) (did not) v	iew the body ofter deoth.		23B. DATE SIGNED
	23CPH SICIAN'S MARVEY B	OEGREE Phys	nding Med. Director Ph	off. D	9/15/69
	NAME (Type) HARVEY	B. SHERMAD DEGREE.	THE UNION M		HOSPITAL
24	A. BURIAL CREMATION, REMOVAL (Specify) Burial 1 9/17/69.	C. NAME OF CEMETERY OF CRI	7 CEMELARY	Baltimo	re, Md. (Stote)
25	SEP 18 1969 Paley E. T.	ME OF REGISTRAR	eonard J. RUC	Ing HAR	FORD ROAD
VS	150-REV. 1/1/6B			F.11.	

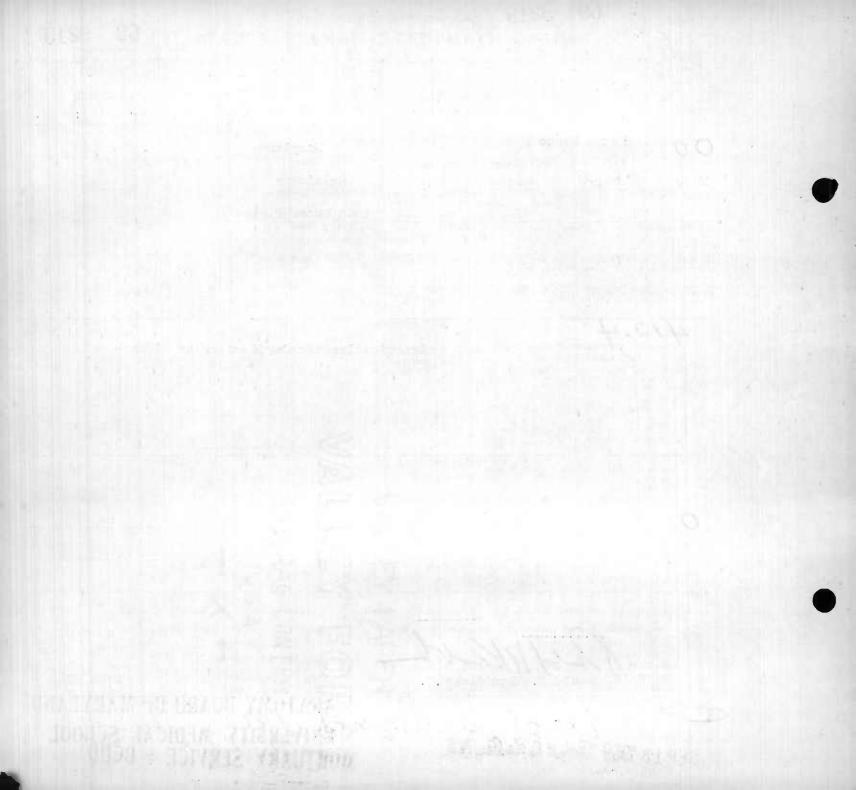
2828 CUERCUING AUG dry of hid 9 13 - 69 (WELL) WIF 37/W3640A HANNAH M. PANA SHHUEL WATT nestropal.H ASCVD, CORDLARYART IN KINDIJISSON 63 63 8/6 #1/6 Herwick B. Sho The O. THE CONTRACTOR OF THE PET ON SAN TO SOME OAK ALL CENERRY RUCK (HASTORD ROPH)

BALTIMORE CITY	HEALTH DEPARTMENT		69 9218
BIRTHENO. 620 69 9218 CERTIFICA	TE OF DEATH	Registered No.	00 0210
1. NAME OF DECEASED DRAKE WALTER EAR	NEST 2. DATE AND	P.M 8/2	2/69 m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. Il instit	ution: residence before odmission)
FULL NAME OF (If not in hospital or institution, grve street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outs	Baltui ide city limits, write RUI	RAL ond give township)
FRANKLIN SQUARE	D. STREET ADDRESS (IF 10	rol, give location) (A	07 Hallins St.
HOSY) TAL.	B. DATE OF BIRTH 9.	. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Male W WHOWED, DIVORCED (spacify)	7.10.1898.	ost birthdoy)	Aonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)	000	LVANIA.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E	
WILLIAM DRAKE	CATHE	RINEK	ATCLIFF
16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 0 3 8. 9 1 CAUSE C	DE DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1	0 6	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	ferre ancu	latory	From 8.176
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	0 . 1	0	
ANTECEDENT CAUSES	Aur	lune	128776
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) slating the (C)	2 Schtieae	ni a	
UNDERLYING CONDITION lost.		`	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medicol examiner)	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At [] Not Whi	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) Work At Work			
22. I certify that (I) (this hospital) attended the deceased from		69 to 8	7.7.1969.
that (I) (we) lost sow the deceased alive on A - 500 Mg		t in(my) (our) opinio	on death accurred on the date
ond hour ond from the couses stoted obove, (I) (We) (did) (did not)	view the body ofter deoth.	12	3B, DATE SIGNED
	rending Med. Director	Stolf Phys.	8.22.69
PAME (Type) ANIS-F. SIDDIQI M.D.	23D. ADDRESS	OR OF MAR	VLAND
24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY OF CREMETERY O	PARTETO CETTAL ASSESSED	EDICAL SC	town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Chraris m	ADDRESS
250 1 0 1059 Robert E. Harling Mills	MODERNADY	Centuce	DCHR
/9 30 REV. 1/1/65	- MAKI OVY	SEKAICE .	-DCIII



24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CENETERY OF CREMATARY A TOM YOUR OF MULLIN SERVICE - BCHU

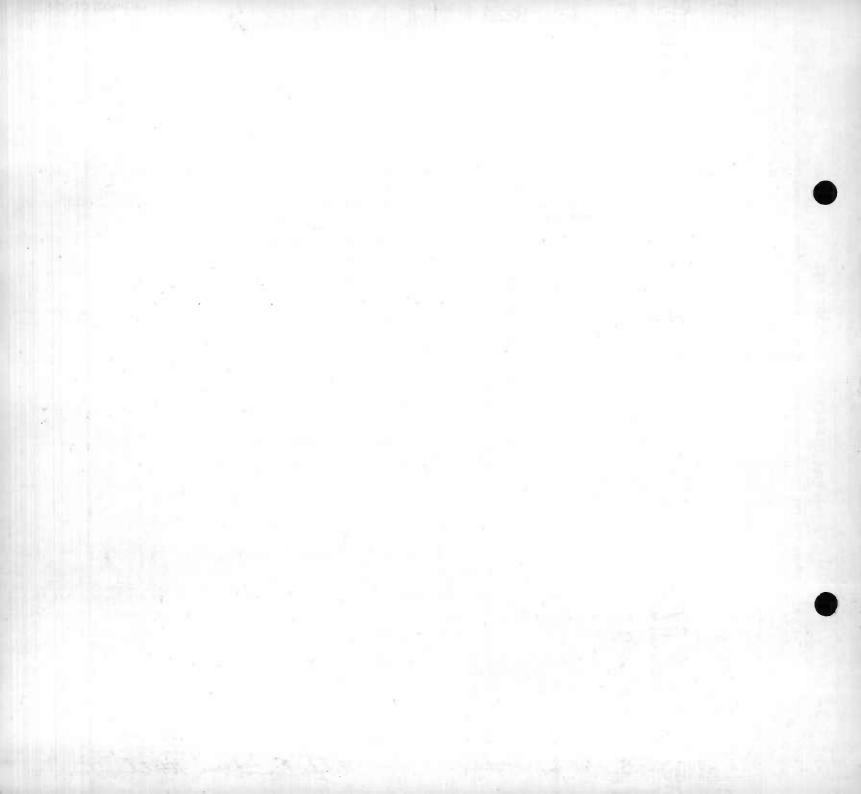
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1 100 0001	BALTIMORE CITY	HEALTH DEPARTMENT	6 A	69 9221
B-622 69 9221	CERTIFICA	TE OF DEATH	REG. NO.	
BIRTH NO.	CERTITICA			
(Type or Print)	0	2. DATE AN	D HOUR OF DEATH	a
1910SIUS Kalph	B.	The Hellah peelpebles (W)	7.15 6	2.13 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD	A. STATE B. COUN	re deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	FLa. New	100 4	V-08
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
34		DeNICE		YES NO
Bon Secours Hosp	rital	E. STREET AND NUMBER	,	
2014 00 00 11 11 11 100		746 Wa:	terway	
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years)	II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
MIDOWED [DIVORCED	2-6-92	77	741011
10A. USUAL OCCUPATION (Give kind of work 10B. KIND-OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Michican	•	
13. FATHER'S NAME		Michigan	A P	USA
		14. MOTHER'S MAIDEN NA	VIE.	
ALBERT BLOSIUS		DORA		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT 746 Wa	terway. Ven	ice. Fighress
Yes WWI	183-01-1983	CHART Mrs. R	alph B. Ero	
18. 41 / 0	CAUSE OF DEAT			APPROXIMATE INTERVAL
1/07				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ac. t. Ma	nonadia	0
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	ISE ACULE MY A CONSEQUENCE OF:	ا ا	
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	002.0,007.0		Infaret	ia.
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
11				
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B.	HICH OPERATION	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CA	FINDINGS CONSIDERED
E 0		NO		
	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If In Baltimor	e City, give exact lacation)
DEATH (notify medical examiner) etc.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	le At Not Whil			
Worl	k L At Work		10	
22. I certify that (+) (this hospital) attended th	e deceased from		19 6 1 to 0	1967,
that (+) (we) lost sow the deceased alive on	9.15.	19_6_1ond th	ot In(my) (our) opi	nion deoth occurred on the date
and hour and from the causes stated above. (1)	(We) (did) (did not)	riew the body ofter deoth.		
23A. SIGNATURE				23B. DATE SIGNED
11. Olalam	Dhy	nding Med. Director	Staff Phys.	9.15.69
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	Priys.	
NAME (Type) A.S. LALA	NI 17.0	Ron-	Decours	Hospital.
	DEGREE			
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specily)	ME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C)	ty, town, or county) (Stote)
Burial 9/18/69 Ed.	CHANGE MIN	n mand Wi	lmington, DE	Leware
2SA. DATE REC'D BY HEALTH DEPT. 258, NAME O	FREGISTRAN	2SC. FUNERAL DIRECTOR		ADDRESS
SFP 1 8 1969 Value & Sales &		With F	Allone XII	off on
ALL TO MAN	7	in the lune	-1100	- commongain con.



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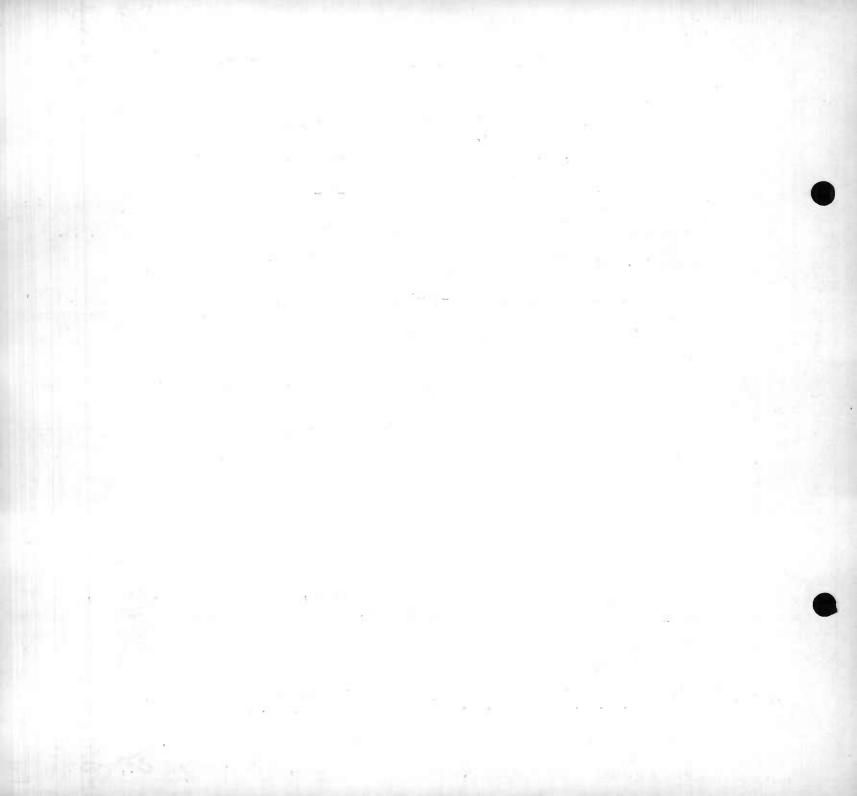
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attendance on the

T- 3/1/ 69	0222	RE CITY HEALTH DEPA	250 110	69 9222
BIRTH NO.	CERTIF	FICATE OF D	EATH	
1. NAME OF DECEASED (Type or Print) TETRAU	LT, Jose ph Thoma	ıs	2. DATE AND HOUR OF DEAT 9-17-69	12:05 A
3. PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	A. STATE Marvlar	B. COUNTY	institution: residence before admission
HOSPITAL OR Veterans Admi	nistration Hospit	- 61811 0 2 1 0 1		VISIDE CITY LIMITS?
3900 Loch Rav Baltimore, Ma	_	E. STREET AND	NUMBER Lendale Street	
5. SEX 6. RACE	7. MARRIED NEVER MARRI	ED B. DATE OF BIRT	H 9. AGE (In years	If Under 1 Yr. II Under 24 H Months: Days Hours Min.
Male White	WIDOWED DIVORCE	= / 10 1	9. AGE (In years last birthday)	TVIOLINIS Day'S TIOUTS TVIIII.
OA, USUAL OCCUPATION (Give kind of war lone during most of warking life, even if retired) Salesman	Revere Furnitur	Mass V		12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME	THE VELOCITY OF THE OWN	14. MOTHER'S	MAIDEN NAME	0.5.4.
Joseph A. Tetrault			e Burke	
5. Was Deceased Ever in U. S. Armed Fa Yes, no or unknown) (If yes, give war ar date Yes 4-13-43 to 1	es of service) SECURITY NO	77. INFORMANT VA Hospi		ven Blvd Balto Md.
18. 7 7 1 0 1	CAUSE OF	DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DI		ration of blo		Unknown
(This daes nat meon the made of heart failure, asthenia, etc. It meons injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost.	s the disease, dideath.) Blee S any, giving DUE TO.	ATE CAUSE , OR AS A CONSEQUENCE eding esophage , OR AS A CONSEQUENC rhosis of the	eal varices	Unknown Unknown
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PAI USEASE OR CONDITION 198. CON	THE TERMINAL	N IZOA, AUTOPS	Y?(Yes or Na) 208, IF YES, WER	E FINDINGS CONSIDERED
WAS PER	RFORMED	Yes	IN CERTIFYING	CAUSES OF DEATHY
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJUR home, farm, foctary, s	tY (e.g., in ar about 21C. W street, office bldg., INJURY	HERE DID (If in Boltim	nore City, give exact location)
21D.TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	While At N	RED 21 F. He	OW DID INJURY OCCUR?	
22. I certify that this haspita	I) attended the deceased fra	m June 30,	19 69 to Sej	ptember 17, 19 69
that (**) (we) last saw the decease and haur and from the causes sta	ed alive an Septemb	er 17, 19 69		pinian death accurred an the de
The Sevel	e M. Da	Attending M Phys. Di	ed. Shaff Phys.	9-17-69
23C. PHYSICIAN'S NAME (Type) M. S. G. Jew	rell. M. D.	3900 Lock	Raven Blvd	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETER		24D. LOCATION	(City, town, or county) (State)
Burial 9/19/69	Baltimore No	ational	Baltimore, Mo	ADDRESS

Witzke, 4101 Edmondson Ave., 21229

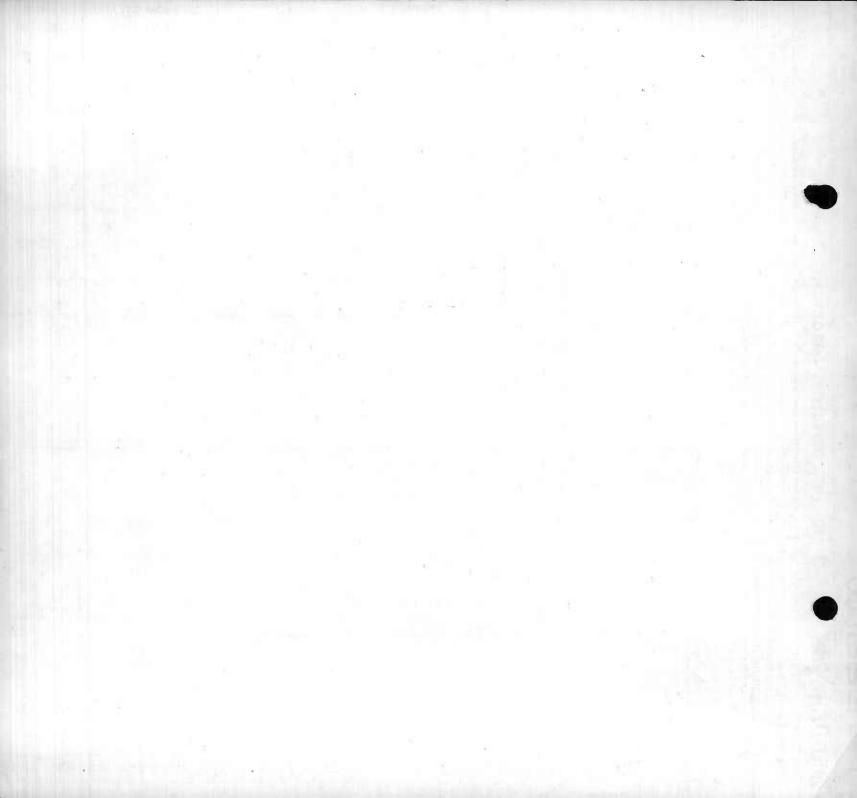


BALTIMORE CITY HEALTH DEPARTMENT

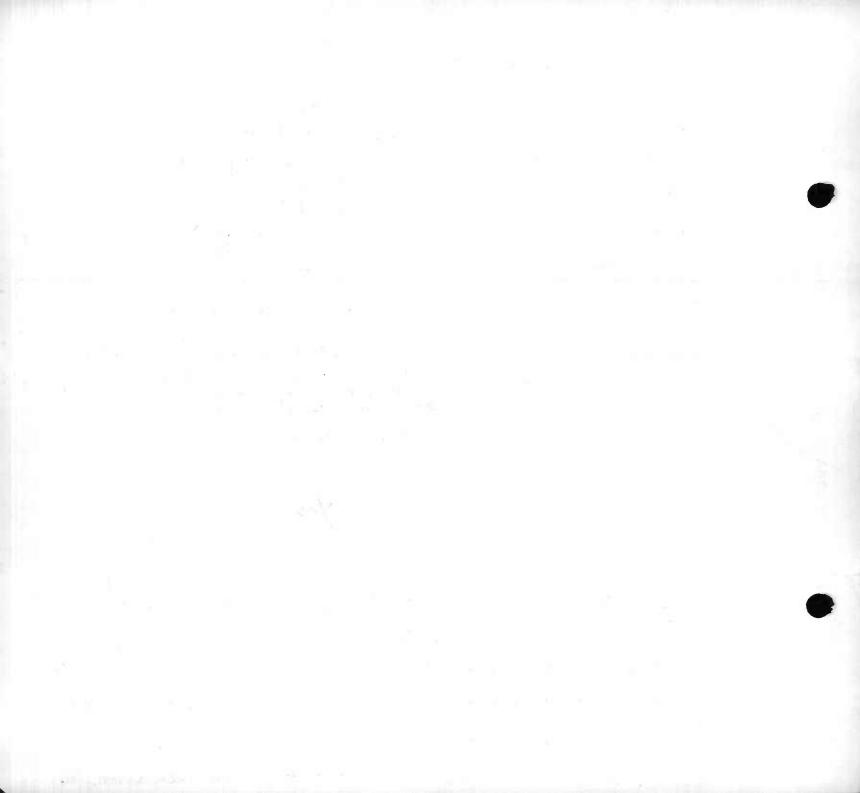
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B

4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE 8. COUNTY D SINSIDE CITY LIMITS? YES & NO If Under 1 Yr. If Under 24 Hrs. Doys Months: 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mr. John Baxter, 5566 Channing Road 21229 BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)ond that in(my) (our) opinion deoth occurred on the dote Baltimore, Maryland Witzke, Inc., 1630 Edmondson Ave. Catonsvil



	-500)	69	9224		TE OF DEATH	REG. NO	69	9224
Ty	Pe or Print)		NEY	Chi	ur les	2. DATE	IND HOUR OF DEATH		9 4
3.	PLACE IN BALT	IMORE, MAI	YLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If in	stitution: residence	before admission)
FU HO	ILL NAME OF OSPITAL OR STITUTION	(IF NOT ADDRES	IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	A. STATE B. COU	small Co	DE CITY LIMITS?	-00
)	SINAI	Hos	PITA	1601	F BALTIMOR	BorRfin	(5)		10 0
	BALTIA	MORE	, Ma	2,21	215	E. STREET AND NUMBER	vzp. Mol	,	
	M	6. RACE	/	WIDOWED		8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
0A lon	USUAL OCCU during most al w arpente	rorking life, eve	kind of work n il retired)	IOB KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE State or for		12. CITIZEN OF V	WHAT COUNTRY?
3.	FATHER'S NAM					14. MOTHER'S MAIDEN NA			7. (
	Alvin					Mary B. Manr	ı		
5. Ye:	Was Deceased s, no or unknown)	Ever in U.S. (II yes, give	Armed Force	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
_	yes	W 2			218-07-5455	Mr. Charles A.	Keeney In.	Reisters	toun,
	18. 303	21	ITION DID		CAUSE OF DEAT	Н		APPROXI BETWEEN	ONSET AND DEATH
	DISEASE	E OR COND	DEATH	CTLY	711700-017-017-017	1). /.			11
	lThis does no hearl failure, a	t mean the	made of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	w	3/14	169-2.45
	injury at camp	licalian which	h caused	ne aisease, leath.)	CUITA	ez GH Eleed	inp-esopha	yearl La	9/15-94
	A	NTECEDENT	CAUSES		(m) Char	vice , Juster	(exp)		
	DISEASES OF	CONDITIO	ONS, il a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF			
	rise la lhe UNDERLYING	CONDITION	use (A) : l last.	slating the	10 Lung	a losce 11			
		II.			(0)		***************************************		
AICA	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT REL	ATED TO THE	TERMINAL	***************************************				
Kilri	19A-DATE OF	OPERATION	WAS PERFO	TION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes ar N	O 208. IF YES, WERE F	INDINGS CONSIDI	ERED
. 1	21 A. A CCIDENT OR CONTRIBUT DEATH Inatify I	INGLICAUS	FOF	21 B, ham etc.)	e, larm, factory, street, af	or about 27C. WHERE DID INJURY OCCUR?	(If In Baltimare	City, give exact loc	;ation)
	21 D. TIME ((Manth) (Da	y) (Year)	(Haur) 21E.	INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?		
3	(APPROX)			Whi War	le At While	· 🗆 ,		1	
	22. I certify ti	hat (1) (this	hospital)	attended ti	ne deceased from	5/14	1993 ta 5	115	1969
	that (1) (we) I				9/15/	1969 and th	nat In (mg) (our) opin	lan death occurr	ed on the date
	and hour and	fram the car	uses state	d abave. ((We) (did) (did not) vi	ew the bady after death.			
i	23A-SIGNATURI	D	1					23B, DATE SIGNED	1
	12C BUYELLIAN	2 19	2014	-orly o	DEGREE Phys		Staff Phys.	3/15	189
	PHYSICIAN NAME (Typ	e)	BADA	2-1.1	2	3D. ADDRESS	4.5		
IA	BURIAL CREM	ER I	DATE	TAMO	DEGREE	SINAI HO	SPITASBA	ILTIMOR	-E, Mal
6	REMOVAL (Sp.	ecily)	0		ME al CEMETERY of CRE			, tawn, ar countyl	(State)
_	DATE REC'D B		ot. 70,0	SR NAME O	ergreen Memor	25C, FUNERAL DIRECTOR	inksburg, Md	•	
	ern 1		Robert	-	Rea DE A	OF CI.		ADDR	4.1
=	50 00 00	C-EAST	met.	24 Buch	A STATE OF THE STA	do to cline	a Jons Rein	terstown	Md.

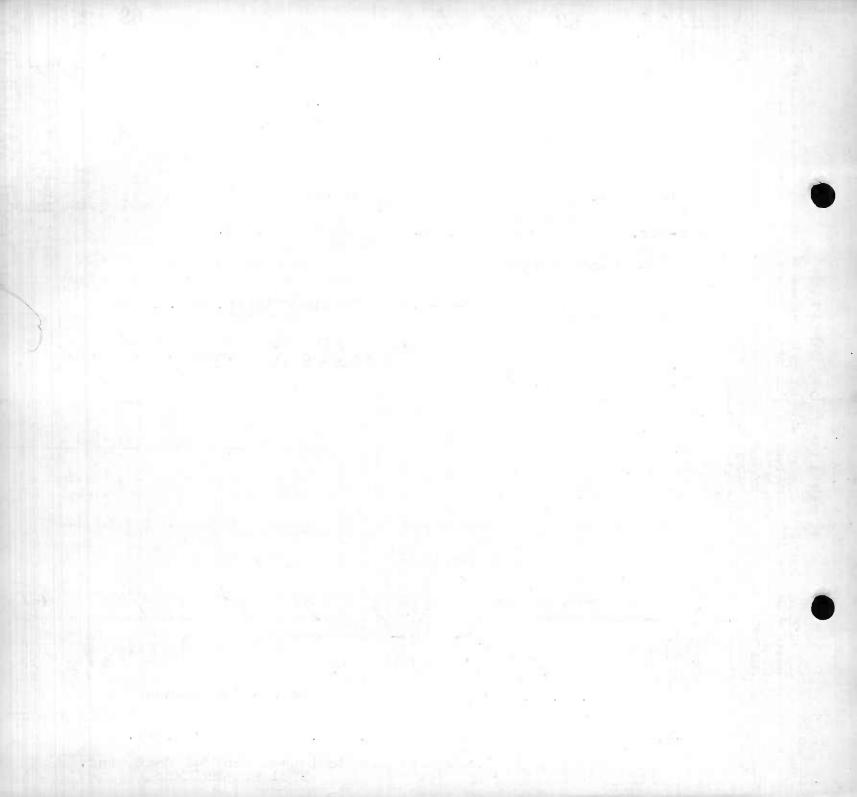


J)-640	69	9225		HEALTH DEPARTMENT	REG. NO	69 8	9225
7 84	H NO. AME OF DECEASED e or Print)	RT	<i>F</i> .	DORRE	2. DATE A	ND HOUR OF DEATH	. 5.	PJ-
_	LACE IN BALTIMORE	MARYLAND, WI	HERE PRONOUNCE		4. USUAL RESIDENCE (Who	ere deceased lived. If in	nstitution: residence t	pefore admission)
HO	ENAME OF SPITAL OR AF	NOT IN HOSPITA	al Ho	N, GIVE STREET	c. CITY OR TOWN	D. INS	YES N	33
4	44		,		E. STREET AND NUMBER	Rudon	Ave	- 1
5. S	6. RAC	U	MARRIED N	DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In Tears		If Under 24 Hrs.
done	usual occupation during most of working li	fe, even if relired)		Ness or Industry Baltimore	11. BIRTHPLACE (State or fore Centervil)		12. CITIZEN OF W	HAT COUNTR
			. Dorrel	1	14. MOTHER'S MAIDEN NA	Arron		
5. V Yes,	vas Deceased Ever in no or unknown) (If yes,	U. S. Armed Forc	of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
	no		215-	09-3962	Viola Kesti	ng Dorrell	,wife,ab	ove
	INJURY OF COMPLICATION ANTECE DISEASES OR CONTINUE TO THE GOOD OTHER SIGNIFICANT COTHER BUT IN DISEASE OR CONDITION	DENT CAUSES IDITIONS, if o couse (A) DITION last. II ONDITIONS CON OT RELATED TO TH	ny, giving stating the transfer of the transfe	(B) A Personal DUE TO, OR AS	otheral and a shefferian A CONSEQUENCE OF:	is left	lens M,	A4:
RTIFIC	PA. DATE OF OPERAT	ION 19B COND	ITION FOR WHIC	H OPERATION	20 A. AUTOPSY? (Yes of No	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE	ERED
CAL	TA. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF exomined	21B. PLA(home, for etc.)	CE OF INJURY (e.g., ir m, foctory, sireet, of	or obout 21 C. WHERE DID	(II In Boltimor	re City, give exact loc	otion)
31	21D.TIME (Month) OF INJURY (APPROXI	(Doyl (Year)	(Hour) 21E INJU While At Work	DRY OCCURRED Not White At Work	21F. HOW DID IN	IURY OCCUR?	0/	B
1	22. I certify that (I) that (I) (we) Tast sa	w the deceased	alive an	9/14		19ta nat in (my) (our) a pl	nlon death accurr	ed on the date
	3A. SIGNATURE	N D	ed abave. (I) (We	11.0	ading Med.	Shaff Phys.	23 B. DATE SIGNED	
2	NAME (Type)	. R1/S	RIPO		3D. ADDRESS			
24A.	BURIAL CREMATION REMOVAL (Specify) BUTIAL	9/19/6	24C.NAME Parkw	of Cemetery of CRE		ocation (Ci	ly, town, or county) Md.	(State)
25A.	P 1 8 1969 HE	CHAPPINE 3	ES LANT DE	GISTRAR	Schimunek 3381 Brei	Funeral H		ESS
/S 1	50-REV. 1/1/68				11 222 1214	LINE LOUIS		

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rrib min gul	2. 21	
rerre	10A. done 13. F	1
nde in de	re	6
f de ct (ct was	13. F	-
dire ; (4 ; (4 h h	1S. V (Yes,	
ind ind leat e o	(Yes,	. 1
a approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	-	1
f and nce nce d o		
Als e o o nou att		(
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xar xar y A wh wh		1
al e il e il e il e il e il e il e il e		
dica dica rrns rrns vsic va wa	Z	(III
me me y bu ph) ian	MEDICAL CERTIFICATION	I
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by by 2) E re t phy fore	ä	2
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ific W.A.	24A	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.		1
his how how ras ece	25A.	
E = 10 3 0 3	Ve	

	1 - 0	1	00		BALTIMORE CI	TY HEALTH DEPARTME	ENT	60	0000
BIR	1-23 TH NO.	6	69 5	3226	CERTIFIC	ATE OF DEA			9226
	De at Print)		ILLIAM	WELLS	HUSTER		9/15/69		12:50 A M.
3. 1	PLACE IN BAL	TIMORE, MAR	YLAND, WHE	RE PRONOUN	CED DEAD	4. USUAL RESIDENC A. STATE B.	E (Where deceased lived. I COUNTY	f institution; resid	dence before odmission)
HC	LL NAME OF	(IF NOT ADDRES	IN HOSPITAL	OR INSTITUTION)	ON, GIVE STREET	Md., 2:	D. II	NSIDE CITY LIMI	
	00	2917	Edison	Highw	ay	E. STREET AND NUM		YES 🔀	NO []
5. 5	EX	6. RACE	17.	AA A DDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr., If Under 24 Hrs.
	male	whi		WIDOWED X	DIVORCED _	4/28/83	last birthday)	Months De	oys Hours Min.
	. USUAL OCCI			B. KIND OF BL	ISINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	et-mgr			estern	Union	Bal timo	re, Md.		
13.	FATHER'S NA	ME				14. MOTHER'S MAID	EN NAME		
		Rich	ard Hu	ster		Este	elle Clemons	3	
	Wos Deceosed				SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
	no	700, 8			-01-3862	Dorothy ?	Tipton, dght.	above	
ERTIFICATION	(This does of heart failure, injury or con DISEASES Crise to the UN DERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C	H BUT NOT RE	mode of decidence of decidence of decidence of decidence of the decidence	ying, e.g., e disease, coth.) y, giving lating the RIBUTING TERMINAL (A).	(A) IMMEDIATE (B) (B) DUE TO, OR (C) CH OPERATION	AS A CONSEQUENCE OF		7 Valr	ONSIDERED ATH
CERT	21A. ACCIDE	NT WAS UND	DERLYING -	218. PL	ACE OF INJURY (e.g	, in or obout 21 C. WHERE	DID (If In Balti	more City, give e	exact lacation)
AL	DEATH (natify	TING CAU		etc.)	farm, factory, street,	affice bldg., INJURY OC	CO R?		
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Manth) (D	oy) (Yeor) (Haur) 21 E. IN While Work	JURY OCCURRED At Mot W	hile —	DID INJURY OCCUR?	- 1'	
	that (I) (rlast saw th	e deceased	alive an	deceased fram	/	and that in(my) (auc)	apinion death	19 69 , accurred an the date
	23A. SIGNATU 23C. PHYSICIA NAME (T	JRE (fly	Steve	TO ME SECREE	thending Med. Director 23D. ADDRESS 340	Stoff [77]	23B, DATE	16/69.
24/	BURIAL CRE	Specify)			E of CEMETERY of	CREMATORY	24D. LOCATION	(City, town, or o	county1 (Stote)
	Burial	. 9	7/17/69	Jeru	salem Lu	th. Cem.	Baltimore	, Md.	
25/	A. DATE REC'D	P 1 8 19	69 72	B. NAME OF	REDISTRAPE D.	Schimun 333	ek Funeral 1 Brehms La	Home, I	ADDRESS nC.
VS	150-REV. 1/1/	6 B			100	0 0 0	6.3		



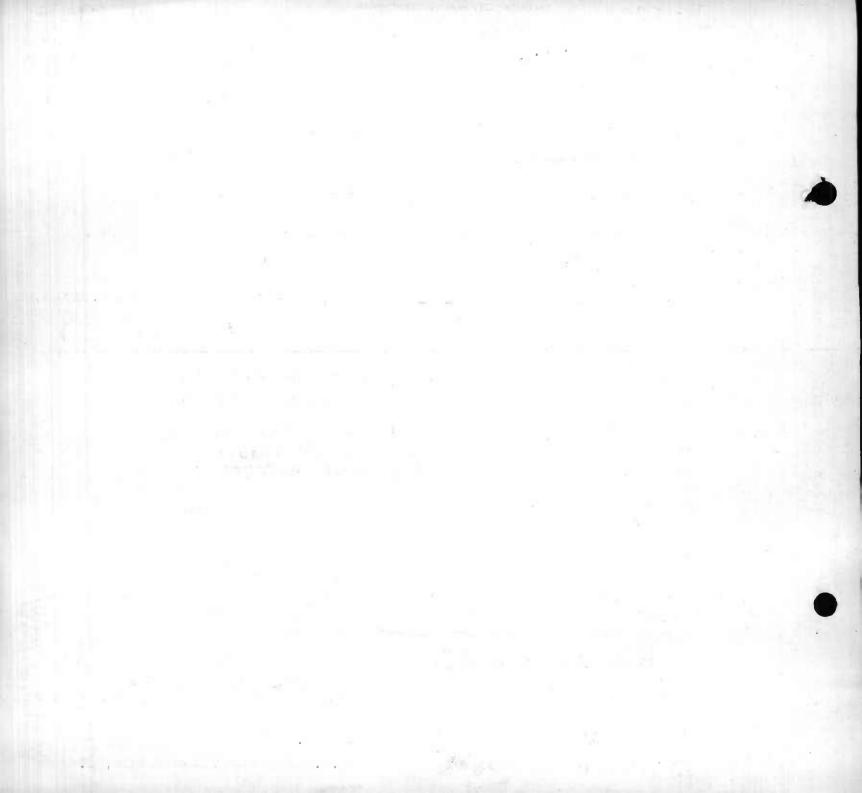
4-1/15 00 366/	ATE OF DEATH REG. NO. 69 9227	
I. NAME OF DECEASED (Type or Print) LIZABETA A 220 L)	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admi	ission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! WITH MARKET ADDRESS OR LOCATION! WITH MARKET ADDRESS OR LOCATION! WITH MARKET ADDRESS OR LOCATION!	C. CITY OR TOWN E. STREET AND NUMBER 4404 D. INSIDE CITY LIMITS? YES NO [] A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES NO []	
5. SEX 6. RACE WIDOWED DIVORCED	1 /0/2/00 / 68	24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COL	UNTRY?
ret-clothing mgr. Grue Clothing	Molfetta Bair, Italy U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Matthew Cuocci	Angeline Turtur	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
215-14-8700	Angela Boling, dght, 6012 Mannington	Ave
I more tours, asmellia, etc. If Hieritz His alsease.	BETWEEN ONSET AND	DEATH
injury or complication which coused death.) ANTECEDENT CAUSES ACA 1	2 Myorardal Infarchin 2days	
(B)	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
199. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg. INJURY OCCUR? (If In Boltimore City, give exact location)	
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Whole At Work	21F. HOW DID INJURY OCCUR?	0
22. I certify that (1) (this hospital) attended the deceased fram	9/16 60 1908 10 9/16 190	el .
that (1) (we) last saw the deceased alive an	19and that in(my) (our) apinian death occurred an the	e date
and haur and fram the causes stated abave. (1) (We) (did) (did not)	view the bady after death.	
Millier en mo At	tending Med. Staff Director Phys.	
23C, PHYSICIANS NAME (Type) RIBRIRD NO	23D. ADDRESS /	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI		ole)
Burial 9/19/69 Gardens of Fa		
SEP 1 8 1969 Refer E. Jaben, M.D.	Schimunek Funeral Home, Inc. 3331 Brehms Lane	
/S 150-REV- 1/1/68		



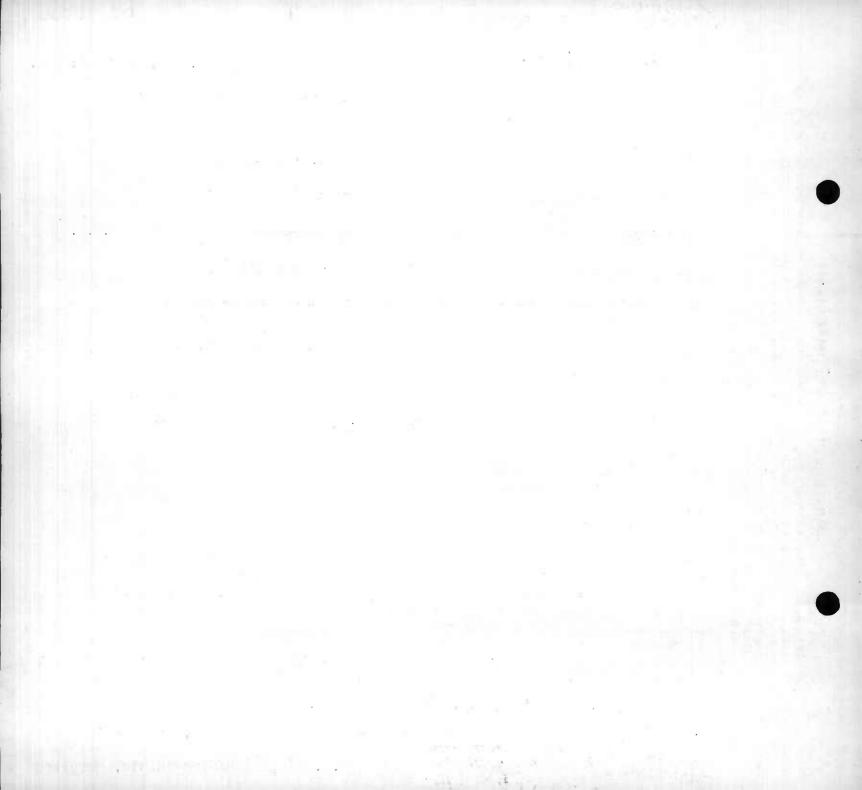
69 9228

5-1	22	MED	ICAL		AMINER'S			F DEAT	H REG. NO.	69	9228
BIRTH NO.									KEG. NO.		
1. NAME OF (Type or Print)	DECEASED WILLIA	M SI	IIPMA	N		2. DATE OF DEATH	Known Estimoted	Month	Doy	Year	Hour M.
4. PLACE IN	BALTIMORE, MA	RYLAND. V	VHERE PI	RONOU	INCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
FULL NAME OF HOSPITAL OR INSTITUTIO	(IF NO		AL OR INS		N, GIVE STREET	PRONOL	SIDENCE (W	Septer	nber 13	,1969	11:59 AM.
C.	T. AGNES	HOCDIT	7A.T	(DOA)	\	A. STATE	D 0		B. COUNTY	1	1_40
6. SEX	7. RACE	1102111	_	(DOA)	NEVER MARRIED	C. CITY OR	D.C.		D. INSIDE C	ITY LIMITS?	
Male	Whi	te	WIDOV		DIVORCED	Washi	mton			rc 🗆	по 🗆
9. DATE OF				If Unde	er I Yr. If Under 24 Hrs.	11			1	ES 📙 ।	NOL
7 11 10	7	10. AGE (I lost birthdo	777	Months	Doys Hours Min.	508 /	th Stre	ot			
1/4/9	CE (State or foreign		14	12 CIT	IZEN OF	13. FATHER		et			
Virgi		gir cooning y			HAT-COUNTRY?			Shipma	**		
		1. 1. 1. 1	LAD KIND		T. C. C. C. C. C. C. C. C. C. C. C. C. C.			-	п		
	stof working life, ev		14B. KINI	OF BU	ISINESS OR INDUSTRY						
Banke					-Pres			E. Wen	ner		
	EASED EVER IN				7. SOCIAL	18. INFORA	ANT		A	DDRESS	h. St. N
Yes	W	W . 1	01 301 1100	7 5	77-10-219	5 Albe	erta S	. Shipm	an L	lashin	
19.	. 2		1.		CAUSE OF DEA	TH				API	PROXIMATE INTERVAL
41	of the				Antonio	001000+	do Comi	iovascul	an Di-		EEN ONSET AND DEATH
DIS	EASE OR COND		CILY		ALCELIC	sciero	ic Card	Tovascul	ar Dise	ase	
(This do	es not meon the		ing e.g.		(A) IMMEDIATE C	AS A CONSEQ	UENCE OF				
heart fo	ilure, osthenio, etc r complication whi	. It means the	diseose,		DUE IO, OK	AS A CONSEQ	DENCE OF:				
NISE TO UNDER	ANTECEDENT SES OR CONDITI O THE ABOVE CA REVING CONDIT	ONS, IF ANY USE (A) STA ION LAST.	TING THE		(c)	AS A CONSEC	QUENCE OF:				
O TO THE	DEATH BUT NO				. *** ** ***** ** ** ** ** **						
20A. DAT			-		HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
0										ve	c
UNDERLY	TERNAL CAUSE ING OR CON CAUSE OF DEA	TRIB-			ACE OF INJURY (e.g., orm, foctory, street, offic				re City, give ex		
≥ 22D. TIM	E (Month) (I	Doy) (Yeo	r) (Hou	r) 22E	INJURY OCCURRED	2	2F. HOW DID	INJURY OCC	UR?		
(APPROX.)						WHILE					
23.				m. WO	ORK L. AT V	ORK					
	certify that I h	eld on I	nquiry [nspection Au	tapsy X	and that o	n this basis,	death in my	apinion	
re	sulted from:	latural cou	ses X	Acc	ident Suicio	le Ho	micide 🗌	Undeterml	ned monner		
)		17	, /		CHIEF MEDICA	AL EXAMINER			DATE CICNED
ACT		. Lel	7/1	11.	100-	ASSI	STANT MEDIC	AL EXAMINER	x		DATE SIGNED
EXA	MINER'S R	onald	N. K	ornb	lum, MD.		CIATE MEDIC	AL EXAMINER		9/14/	69
24A. BURIAL	ur (labe)	24B. DATE			NAME of CEMETERY	or CREMATO	RY 12	4D. LOCATION	(City tow	on, or county)	
REMOVAL (S			-							, , ,	(5.5.0)
Burial		9/16/6	9		nion Cemeter	y		Leesbur			
25 A, DATE RE	C'D BY HEATTH	DEPI	250	HAME 9	E REGISTRAR		UNERAL DIRI			ADDRESS	1 0 1
SEP :	18 1969	Child B	E, 46	بلافي	程 息	Mi	tchell-W		d Home		ork Road 2
	10 110			- 0		1 - 1 - 1	23				

VS 150-REV. 1/1/68



1,00			BALTIMORE CIT	Y HEALTH DEPARTMENT		69	9230
BIRTH NO.	69	9230	CERTIFICA	ATE OF DEATH	REG. NO	30	0,200
I. NAME OF DECEASE	D			2, DATE	AND HOUR OF DEAT	Н	
(Type or Print) Edna	Krausz			4. USUAL RESIDENCE (W	September	15, 1969	3:45 P.
3. PLACE IN BALTIMO		HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W A. STATE B. COL	here deceased lived. If	institution: residen	ce before odmissi
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	Maryland c. city or town	XXXXXXXX	NSIDE CITY LIMITS	1307
INSTITUTION				D - 1.		YES X	NO
91				E. STREET AND NOMBER	LES THE		
// Keswic	k Home			700 W. 40th	Street		
5. SEX 6. RA	ACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Y	If Under 24 H
D 1 -	Tile di de a	WIDOWED		7-19-91	lost birthdoy)	Months Doys	Min.
Female	White	4		Y 11. BIRTHPLACE (State or fo		12. CITIZEN	DE WHAT COUNT
done during most of working							
Saleslady		Hutzle	rs	Baltimore		U.	S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME		
**	. 1.1			Massact	110 Co1		
Herman W	in U. S. Armed For	ces?	6. SOCIAL	Margaret F	TIA Sprot	ADI	DRESS
(Yes, no or unknown) (If y	es, give war or dole	s of service)	SECURITY NO.				
No			217-22-5428		ords-Keswic		
18.250	91		CAUSE OF DEA	TH			PROXIMATE INTERVA
DISEASE O	R CONDITION DI	RECTLY		0 '-	P 1 1	1000	C 1 -
	DING TO DEATH		(A) IMMEDIATE CA	AUSE QUE STOL	18 and man	18	8 Mrs
	nean the mode of enia, etc. It meons		DUE TO, OR A	S A CONSEQUENCE OF:			
	alian which caused		A 1				(1
ANTE	ECEDENT CAUSES		And	templacana	2000	12 com	Surs
DISEASES OF (CONDITIONS, if	any aivina	(B) DUE TO, OR A	S A CONSEQUENCE OF:	- CONTROLL	0	1
	bove cause (A)		1	11.1.1.11	1		ilure
UNDERLYING CO	UNDERLYING CONDITION last. (C)				1000		117,2
	11						
	NT CONDITIONS CO						
A DISEASE OR COND	IT NOT RELATED TO T	T 1 (A).			11 1 20 B		
19A. DATE OF OPE	ERATION 198. CON		IICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING	RE FINDINGS CON CAUSES OF DEAT	NSIDERED H?
ER.T							
OR CONTRIBUTION	VAS UNDERLYING C	218. Pl	form, factory, street.	, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	nore City, give exo	ct locotion)
DEATH (notify med	licol exominer	etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
21D. TIME (Mo	onth) (Day) (Yeor)	(Hour) 21 E. II	NJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
S OF INJURY		While	At Not WI	hile			
(APPROX.)		Work	At Wor	rk 🗀			1-6
22. I certify that	(1) (this hospito) attended the	deceased fram	10 SOBT	19 65 to 15	19,06 C	19 6
	t sow the deceose		15 200	19 69 and	that in my) (aur) (opinion deoth o	ccurred on the
		-		view the body ofter deat			
234 SIGNATURE	m the couses sta	en anover (1)	() (010 (010 1101)	TION THE DOGY OTHER GEGT		238, DATE SI	GNED .
237 SIGNATURE	1 1) 1 1	A	ttending Med.	Staff		- al 100
lee	beeg D. K	u horas		hys. Director	Phys.	17 -	Db1 110
23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS			
NAME (Type)							
				700 *** / 0: 1	0.1		
Aubre	y D. Richa	rdson, M	D. DEGRI	700 W. 40th	Street	(City, town, or co	unty) (State
REMOVAL (Speci	fy)		D DEGRI		Street	(City, town, or co	unty) (State
Aubre 24A. BURIAL CREMAT REMOVAL (Specif	D. Richa 10N, 248. DATE 19/18/65	Holy	Redeemer C	Cemetery 6	Baltimore,	Maryland	
REMOVAL (Speci	9/18/65	Holy	Redeemer C		Baltimore,	Maryland	unty) (State
Burial (Special	9/18/65	Holy	Redeemer C	Semetery E	Baltimore,	Maryland	ADDRESS



T MAI	1		BALTIMORE CITY	HEALTH DEPARTMENT		00 000:
7-52	69	9231	CERTIFICA	TE OF DEATH	REG. NO	69 9231
BIRTH NO.		ONOI		DATE	AND HOUR OF DEAT	u'
Type or Print)						
			. FEINGLOS	SE	PTEMBER 14, 1	1969 9:20 P. M
3. PLACE IN BALT	MORE, MARYLAND, V	VHERE PRONOL	JNCED DEAD	A. STATE B. CO	Where deceased lived. If	institution: residence before admission
				MARY	IAND	2730
FULL NAME OF	ADDRESS OR LOC	TAL OR INSTITU ATION)	JTION, GIVE STREET			0130
NSTITUTION				C. CITY OR TOWN		ISIDE CITY LIMITS?
1				BALT	IMORE	YES NO NO
1/0	SINAI	HOSPITA	1.	E. STREET AND NUMBE	R	
70				6320 GREENS	PRING AVENUE	
SEX	6. RACE	7. MARDIES [TAISVED MADDISD T	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
MALE	WHITE		NEVER MARRIED	4-18-95	lost birthday)	Months Doys Hours Min.
		WIDOWED [14	Section and the section of the secti
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
ine during most of w	orking life, even if retired)					
	SICIAN		MEDICAL	BALTIMORE.	MARYLAND	USA
FATHER'S NAN	I.E			14. MOTHER'S MAIDEN	NAME	
	UNKNOWN			UNKN	Make	
111		- 3	13 (4000000
es, no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or dot	rces! es of service)	1 6. SOCIAL SECURITY NO.	17. INFORM ANT	GREENSPRING	VALLEY APORESS LLEY
				MPS REDNITCE		ACRES. STEVENSON. MC
W I ARMY			CAUSE OF DEAT		LOINELDUN, F	APPROXIMATE INTERVAL
18.4/2	,3		CAUSE OF DEATH			BETWEEN ONSET AND DEATH
	OR CONDITION DI	RECTLY	Acc	Te command	. 00	
	LEADING TO DEATH		(A) IMMEDIATE CAL	SE	Instruct	ey Immebiate
	of meon the mode of			A CONSEQUENCE OF:	•••••	7
	sthenio, etc. Il meons dicotion which coused					
			1-11	, + .	OIM	1
^	NTECEDENT CAUSES		(8) / TINC	roscleration A CONSEQUENCE OF:	CVU	16 A L 3
	R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	obove couse (A)	sloting the				
UNDERLTING	CONDITION last.		(C)			
	II					
	CANT CONDITIONS CO			-		
: 10 THE DEATH	BUT NOT RELATED TO '					
	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, WER	E FINDINGS CONSIDERED
19A. DATE OF		REPORMED		May	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
		- loss		1 1000		
	T WAS UNDERLYING		e, farm, foctory, street, of	fice bidg. INJURY OCCUP	(If in Baltim	nore City, give exoct location)
DEATH (notify	medical examiner	etc.)			-	
21D.TIME	(Month) (Doy) (Year)	(Haud 215	INJURY OCCURRED	21E HOW 21D	INJURY OCCUR?	
OF INJURY	(IVIOIIII) (Doy) (Teon				INJURI OCCUR:	
(APPROX.)		Whi	Not White		-	
20 1 1	1 . (1) (.1 . 1			5-17	1064	5 21/9
22. I certify	that (1) (this haspita	i) attended t	ne deceased fram	3 - []	19 6.7 ta	5-2 1969
that (I) (we)	lost sow the deceas	ed olive on	5-21	19 6 7 and	d that In(my) (eur) a	pinlan death accurred on the dat
and have a l	from the servers at	ted above (1) (W-) (J:J) (J:J)	low she had a street	a la	
		irea abave. (i	/ (no, (oso) (ala nat) v	lew the bady after dea	TN.	
23A. SIGNATUI	1111	2-m				23B. DATE SIGNED
	Rue But		Dhu	nding Med.	Staff Phys.	9-16-69
23 C. PHYSICIAN	Pc ()		OEGREE	23D. ADDRESS	- 151y s. —	
NAME (Ty	SIDNEY S	CHERITS			Lase C+ R	altin ud
1 St. 184	SIVINLY 3	CHERLIS		ILE-C	LASE ST, B	gui more, file.
A. BURIAL CREA	AATION, 248. DATE	24C. N.	OEGREE!	MATORY 24	D. LOCATION	(City, town, or county) (State)
REMOVAL (S		240.147	THE OF GENERAL OF CAL	24	- LOURING	
BURIA	9-16	-69 OH	EB SHALOM		BAITTMORE	E. MARYLAND
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
CED 1 0 1	DCO 7.0. 45	Ja Re	MA			
PELTO !	203 रिल्टिसिड ह	A damage	A Section 1	SOL LEVINSON	V & BROS. 60	10 REISTERSTOWN RD.
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

ADDRESS APT. C#09

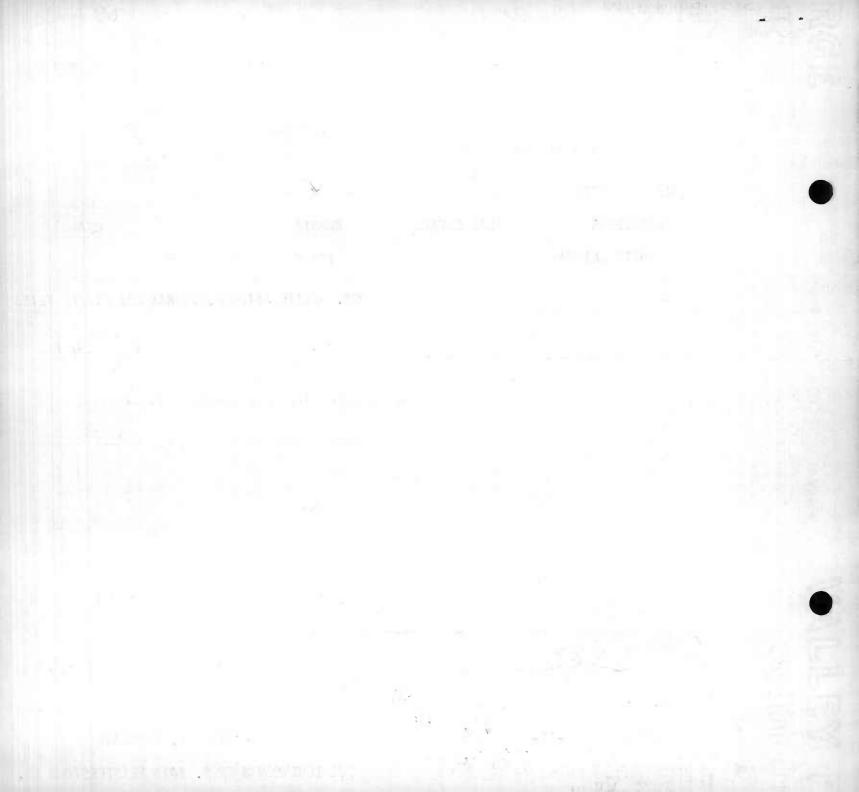
BETWEEN ONSET AND DEATH

ADDRESS

USA

If Under 24 Hrs.

CONTRACTOR OF STATE AND ADDRESS OF THE PARTY



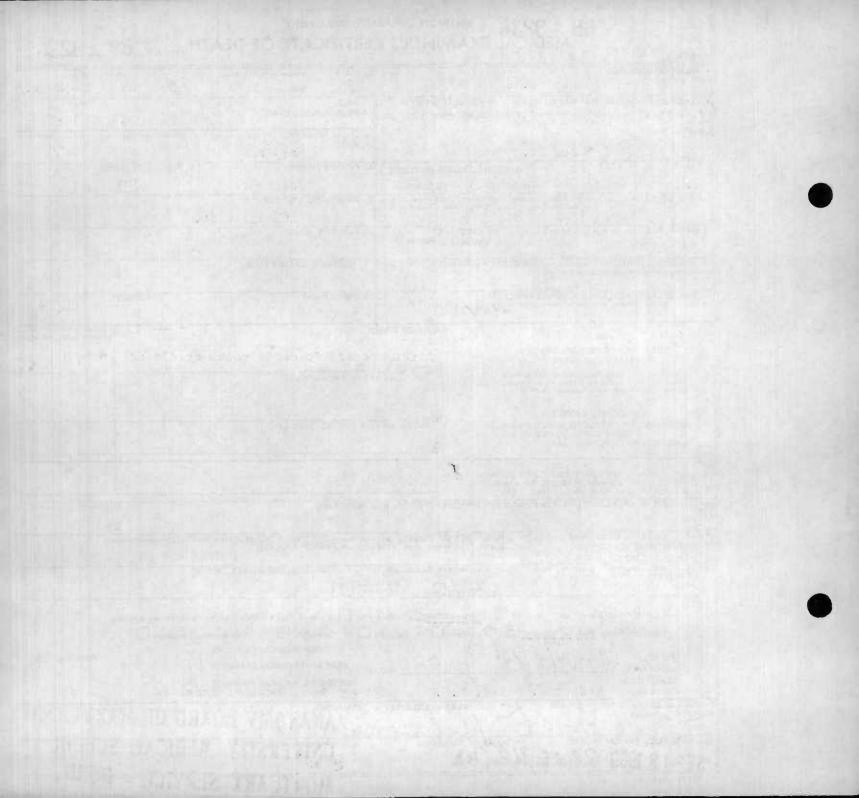
M ALA GO OGGA BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRTH NO. 69 9234 CERTIFICA	ATE OF DEATH REG. NO. 69 9234
1. NAME OF DECEASED (Type of Print) Me Cray Mable	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTHORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Widel deceased lived. It institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A, STATE B, COUNTY MD. /30/ CCITY OR TOWN D. INSIDE CITY LIMITS?
University of Maryland Hospital	BALTIMORE YES NO [
387	908 WHITELOCK ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years li Under 1 Yr., Il Under 24 Hrs. Manths: Days Heurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	11. BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no er unknown) Of yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
18.44 9.3 X 1 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	AUSE CARDI AC FRREST 45
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES REAL	MILLER ACTIVIO
	S A CONSEQUENCE OF:
rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1218. BLACE OF INJURY (A)	
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inofify medical examiner	in er about 21 C. WHERE DID (If in Boltimare City, give exact lecation) office bldg., INJURY OCCUR?
OF INJURY IAPPROX.) A Compare	
22. I certify that (1) (this hospital) attended the deceased from	9/10/69 19 10 9/10/69 19
that (1) (we) last saw the deceased alive on 9/10	19 69 and that In(my) (our) opinion death occurred an the date
and haur and from the causes stated above. (1) (We) (did) (did nat)	
23A SIGNATURE	ending Med. Staff Phys. 23B. DATE SIGNED
MARCIA C. SCHULDT W.D.	11 NIN HORD BALTINIAS MO
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	LEMATORY 24D. LOCATION (City, tewhy or county) (Stote)
SEP 18 1969 James E 250 NAME OF POSISTRAR	25C. FINERAL DIRECTOR
VS 150-9FV, 1/1/68	The state of the s



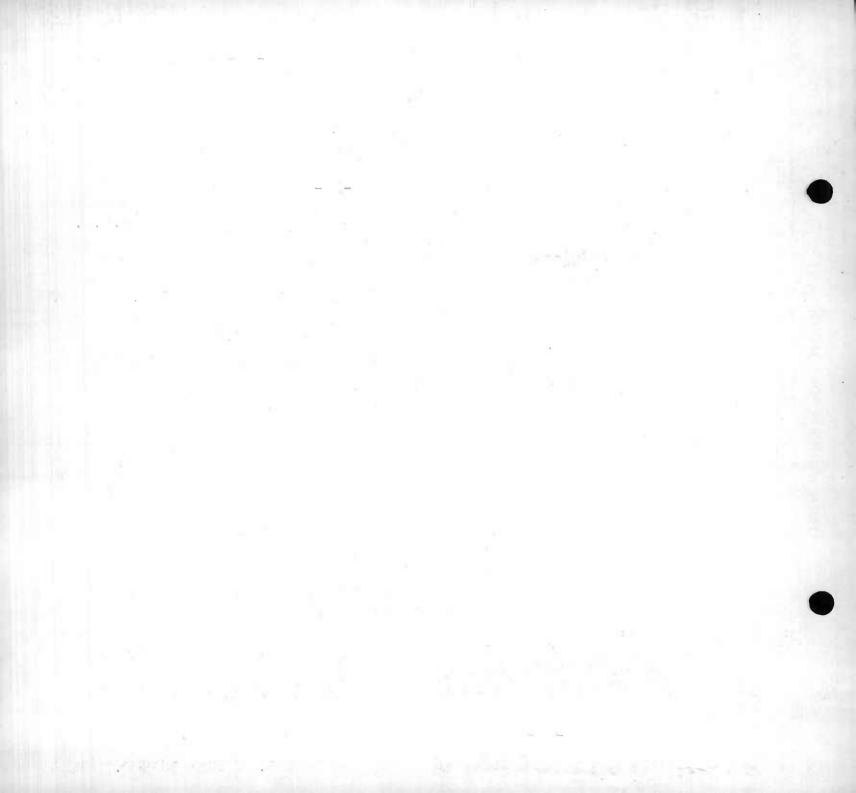
FUNERAL DIRECTOR:

all. RAINIAGNT F N.

S-300 69 9236 BALTIMORE CITY HE	
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 69 9236
1. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print) Ray E. Scott	OF 8 20 60 10.20 2
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	8 29 69 10:20 a _M
	5. USUAL RESIDENCE (Where deceased lived, # Institution; residence before admission) A. STATE B. COUNTY
0 603 Ensor St.	Maryland 501
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	Baltimore YES NO NO
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. 11 Under 24 Hrs.	E. STREET AND NUMBER
last birthdoy) Manths, Days, Haurs, Min.	603 Ensor St.
11. BIRTHPLACE(State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	TO THE STATE
4A. USUAL OCCUPATION (Give kind al work 14B. KIND OF BUSINESS OR INDUSTRY one during mast of warking life, even if retired)	15. MOTHER'S MAIDEN NAME
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknawn) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthento, etc. it means the disease, injury or complication which coused death.)	Sclerotic cardiovascular disease AUSE S A CONSEQUENCE OF: AS A CONSEQUENCE OF:
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	IS PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY/6.g.	no
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	to or obout 22C, WHERE DID (If in Bolttmore City, give exact location) bldg., etc.) INJURY OCCUR?
OF INJURY	WHILE [
23.	ORK L.
I certify that held an Inquiry Inspection X Aut	and that on this basis doubt to any taken
resulted frant Natural causes Accident Suicid	
ACTUAL MASAINATINA	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINED
	printing and the second
	eputy Chief Medical Examiner 8/30/69
248 BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (ANATOMY BOARD" OF MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FHINIPPLE TOTAL
SEP 1 8 1969 Robert E. Janber M. R.	CIVIL TURNING TOWN
S 151-REV, 7/1/68	CANTILLAY CEDVICE RCHU
	MUKIUAKI DERVICE - DOLL

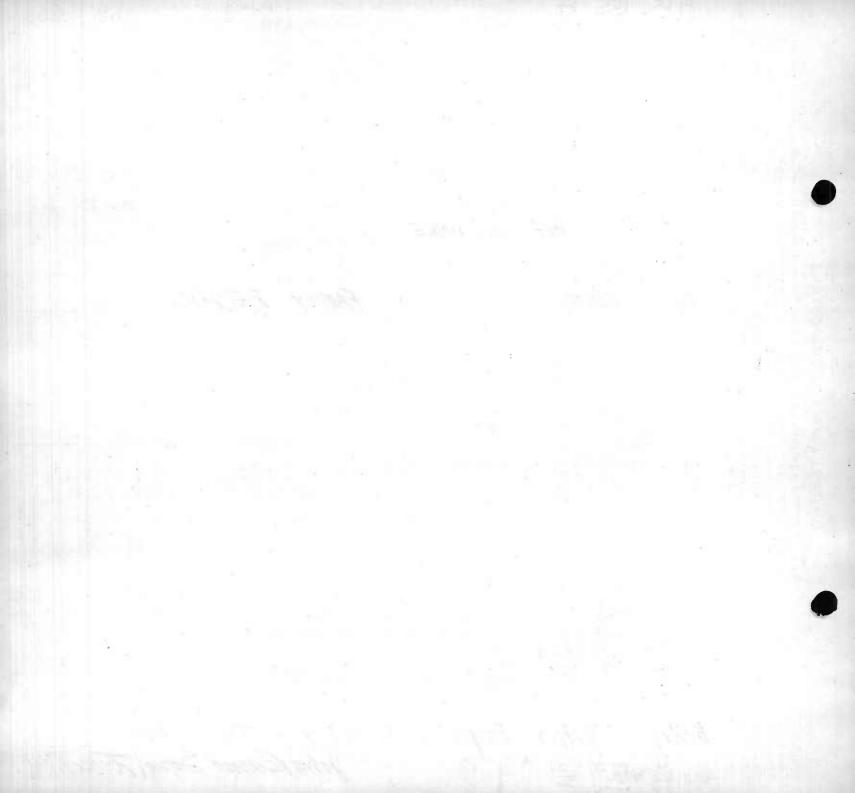


FUNERAL DIRECTOR:



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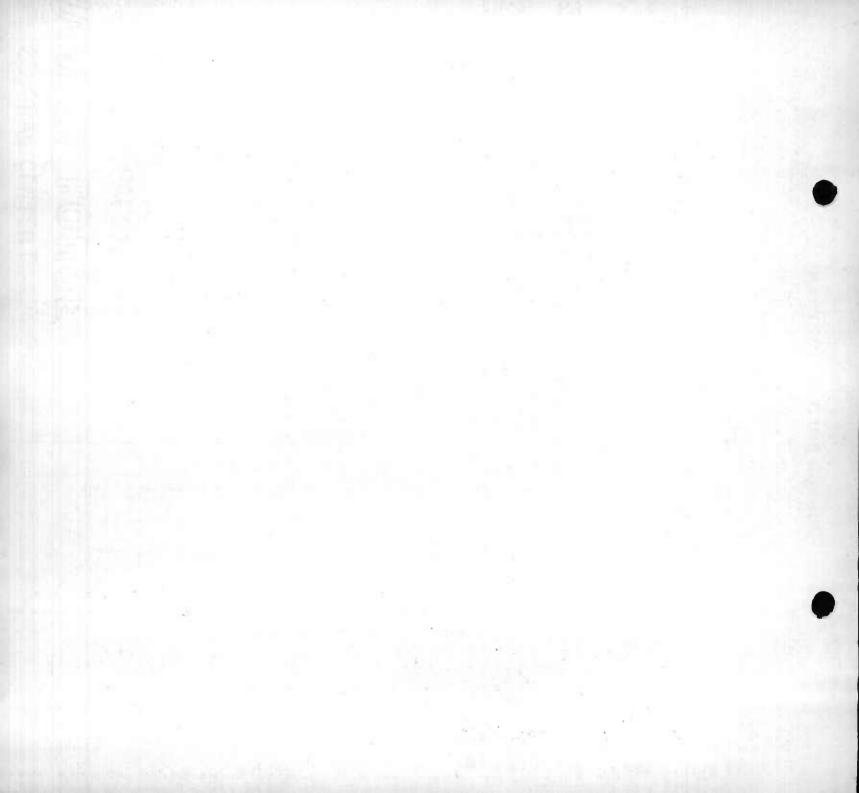
		BALTIMORE CITY	HEALTH DEPARTMENT		69 9239
BIRT	5-526 69 923	9 CERTIFICA	TE OF DEATH	REG. NO	00 0209
	AME OF DECEASED.	ERISOR	2. DATE AND	HOUR OF DEATH	1 3.30 P.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where		
HO	L NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MA Pes CO	F FC D INSI	DE CITY LIMPS?
IN 2	NO BTH CHARLES Q	Ecc. Ifusp.	BALTILLO	RE	YES NO
	49		E. STREET AND NUMBER	4157 58	· Back, lud:
5. 5	EXTERMENT CO (FITE WIDOW	ED NEVER MARRIED DIVORCED		AGE (In years ost birthdoy)	if Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTE
3. F	FATHER'S NAME	NIV 4101112	14. MOTHER'S MAIDEN NAM		
1	OHA MERRY MAC	-(EL124F	SEPH 1	RECENTRACI
S. V Yes	Nos Deceosed Ever in U. S. Armed Forces? no grunknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	FAMILY RE	ECORDS	ADDRESS
N	LEADING TO DEATH (This daes nal mean the made of dying, the disertion of	ing (B) DUE TO, OR AS (C)	A CONSEQUENCE OF: A CONSEQUENCE OF:	lifes	g days
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	AL	[20 A. AUTOPSY? (Yes or No)		
ERT	WAS PERFORMED			IN CERTIFYING CAU	
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct locotion)
	21D. TIME (Month) (Doy) (Yeot) (Hout) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJU	RY OCCUR?	T = = 16,17
	22. I certify that (I) (this haspital) attende	ed the deceased fram	7- //	69 10 -9	1- 15 19 65
	that (i) (we) last saw the deceased alive	9-11	19 6 7 and tha	t in(my) (our) opin	nian deoth accurred an the d
	and haur and from the causes stated above	DEGREE Phy	ending Med. S	hys.	238, DATE/SIGNED
	23C. PHYSICIAN'S NAME (Type) COLA COLO (Type)	PATRICIO DEGREE	23D. ADDRESS	HARVES	GERT (FOS)
24A	24 (Specily) 9/19/69 P	rospect Hill	emetery 7	Talson, N	y, towny or county) (State)
2SA	DATE REC'D BY HEALTH DEPT. 258, NAM	AE OF REGISTRAR	2SC. PUNERAL DIRECTOR	mo Son	o, Truen, West



BALTIMORE CITY HEALTH DEPARTMENT

9240

150-REV. 1/1/68



FUNERAL DIRECTOR:

BALL ME 9/3/03 PLEASENTHY CONBUSTS OF ALL - CRUMANON CO. 21/09/19 PERSONNELLE THE UNIVERSALE OF THE STREET 2 3X ** \$ 50 gat 19 m JOHNS HEPKINS HOSPITHE RALPH DEFECTION BALT, MD.

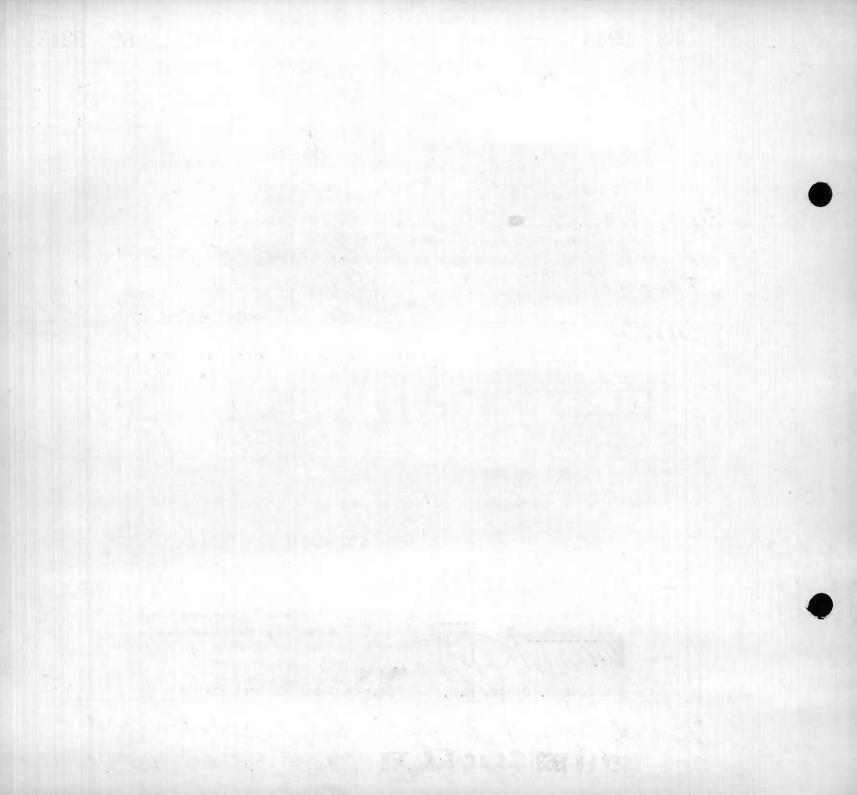
PU	69 92	0.40	TE OF DEATH	REG. NO.	9 9242
1,1	RTH NO. NAME OF DECEASED (PG or Print) WILLIAM W.			D HOUR OF DEATH	-9/15/69
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD			rution: residence before odmission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	PENNSYLVANIA C. CITY OF TOWN CLAIRTON	1	V - 3 S
	THE JOHNS HOPKINS	HOSPITAL	E. STREET AND NUMBER	У	ES NO
5	SEX 6. RACE 7. MAD	<u>X</u>	BOX 68-59 B		
	MALE C WIDO		9-6-04	65	If Under 1 Yr. If Under 24 Hrs. Aonths Days Hours Min.
dor	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even it refired)	Worker)	Lileanel	e h.C	12. CITIZEN OF WHAT COUNTRY
13.	WALTER		MARY	SMITH	
15. (Ye	Was Deceased Ever In U. S. Armed Forces? s,no of unknown) (If yes, give wor or doles of serv	icel SECURITY NO.	FHOM C	2,000	ADDRESS PA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	Carra	of luna	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	0.0.	CONSEQUENCE OF:	-/ /	***************************************
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the abave cause (A) stoling UNDERLYING CONDITION last.	ving DUE TO, OR AS	A CONSEQUENCE OF:		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL	# 0 PPP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A-AUTOPST? (Yes or No) YES	208. IF YES, WERE FIN	DINGS CONSIDERED
CALC	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(if in Bolttmore C	ity, give exoct locotion)
MEDI	21D. TIME Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) lost saw the deceased alive	0111	***************************************	967 to 7/1	n death accurred on the date
	and hour and from the couses stated abov	1	ew the body ofter death.		doon occored on the date
	23A. SIGNATURE Petr Tomosa	MD Atter	nding Med.	Staff D	R. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	M.D.	THE JOHNS	HOPKINS HO	SPITAL
24#	A. BURIAL CREMATION, 24B, DATE 24 A. BURIAL CREMATION, 24B, DATE 24 LENGTH VOICE 9 17 169	C. NAME of CEMETERT OF CREATER	MATORY 24D. LO	11-11011	own, or county! (State)
25/	SEP 18 1869 July	B E. Jaben F.D.	250 FUNERAL DIRECTOR	Elick	ADDRESS TO
VS.	150-REV. 1/1/6B		1		

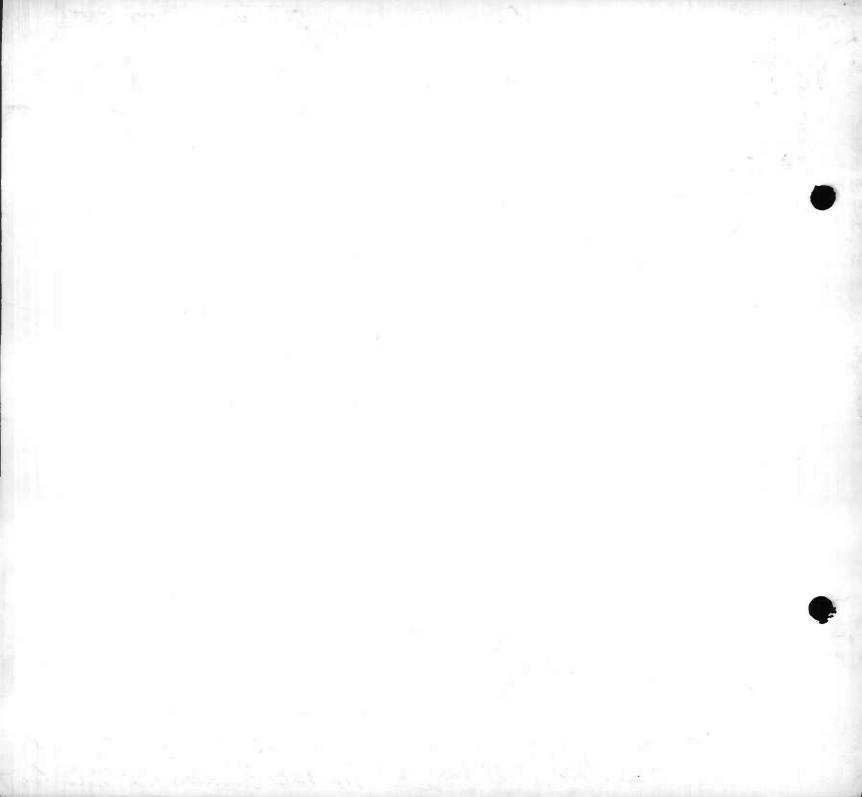
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W-452

BIRT	69 th No.	924	3 MED	ICAL		AMINER'S			DEAT	H REG. NO	69	9243	
1. N	IAME OF DEC	CEASED	Δ				2. DATE	Knawn 🔀	Manth	Day	Year	Haur	=
(Тур	e or Print)	٨٠	drew	Willi	ams		OF DEATH	Esfimoted	9	15	69	8:00 p.	A
4. P	LACE IN BAI					JNCED DEAD	3. DATE		Month	Doy	Year	Haur	<u>.</u>
FULL	NAME OF	(IF NO	T IN HOSPITA	L OR INS	TITUTIO	N, GIVE STREET	PRONO	JNCED DEAD	0		60	0.00	
HOS	PITAL NSTITUTION	ÀDDR	ESS OR LOCA	(N,OI			C HELIAL D	reinchier (vit	9	15	69	8:00 p.	۸.
OKI	113111011011						A. STATE	ESIDENCE (Where		B. COUNTY	in: residence	before admission)	
0	0 14	403 Ett	ting St					Maryland				1402	
6. S		7. RACE		B. MARE	RIED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
	1 .	1-	- m - d	WIDOV		_	D.	altimore			YES 🗌	NO 🗆	
	nale ATE OF BIRT	cold	10. AGE (In			er 1 Yr. If Under 24 Hrs.		ND NUMBER			153	140 🗀	_
1	160	1915	last birthda			Days Haurs Min.							
24	eral, 1	112	157	6				L403 Ettin	g St.				
11/2	IRTHPLACE (Stote ar tarei	gn cauntry)			TIZEN OF HAT COUNTRY?	13. FATHER	SNAME	0	4.1		,	
	M. C	1			***	IAI COOITIKI	14	MULAR	Lee	· W	Olean	100	
14A.	USUAL OCCU	PATION (GI	ve kind of work	4B. KIND	OF BU	JSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAM	AE _	,			
done	during most of	warking life, e	yen if refired)				1711,	ni min	1)0	140)			
100	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5? []	7. SOCIAL	18. INFOR	MANT	100	vee	ADDRESS		_
	no or unknown					SECURITY NO.	0	110	4 4	car.	-171	-41 K	1
							HU) Journa	00000	2005	neg	PPROXIMATE INTERVA	1
	9. 11 1	1. 44. 1				CAUSE OF DEA	TH	//				VEEN ONSET AND DEA	
	DISEAS	E OR CON	DITION DIREC	CTLY			. (1.			
		LEADING T				Arterios	clerot	ic cardiov	ascula	ar dise	ase		
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	DISEASES	OR CONDIT	IONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
_		NG CONDI		1110		(C)							
Ó.						(0)				**************			_
CERTIFICATION	OTHER SIGN	VIEICANT CO	II INDITIONS C	NTRIBIL	TING								
2	TO THE DE	ATH BUT NO	T RELATED TO	THE TERM	INAL								
			GIVEN IN PA			AUGU OPERATION W	AC DEDECORA				In Altro	OPSY? (Yes or Na)	_
Ы	ZUA. DATE O	F OPERATIO	N 208. COP	MOIIION	FOR W	HICH OPERATION W	AS PERFORM	IED			ZI. AUTO	DP343 (162 01 140)	
					•						no		
EDICAL		NAL CAUSE			22B. PL	ACE OF INJURY (e.g.	in or obaut	2C. WHERE DID (If in Boltimo	re City, give e	xact locotian)		
ఠ	UNDERLYING				nom e,	farm, factory, street, affi	e blag., erc.) I	NJURY OCCUR?					
۳	UTING CA		Day) (Year) (Hau	r) 22F	E.INJURY OCCURRED		2F. HOW DID IN.	JURY OCCI	UR?			_
	OF INJURY	((, (1		WHILE						
1 L	(APPROX.)				m. WC		VORK						
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	resul	ted from	Notural cau	ses X	An	eldent Suici	de H	omicide 🔲	Undetermi	ned monner			
		17	11	-11		. 1		CHIEF MEDICAL E	XAMINER				
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	SIGNAT	URE	770	YU	1//	M.I).						
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0::			rner U.	Sp1			1 2	hief Medic					_
	BURIAL CRE		24B. DATE	1	24C	NAME of CEMETERY	or CKEMATO	24D.	LOCATION	(City, to	wn, or county	(Stote)	
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254	DATE REC'D	BY HEALTH	DEPT	/ 25B/N	VAME	OF REGISTRAR	25C	FUNERAL DIRECT	OR .		ADDRESS		_
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VS 151-REV, 1/1/6B





25C FUNERAL DIRECTO

1400 S. Charles St

Baltimore Md 21230



Burial

VS 151-REV. 1/1/68

25 A. DATE REC'D BY HEALTH DEPT.

Sept 20 69

Hobert E. Jaben K. B.

25B. NAME OF REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/6B

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IMPORTANT

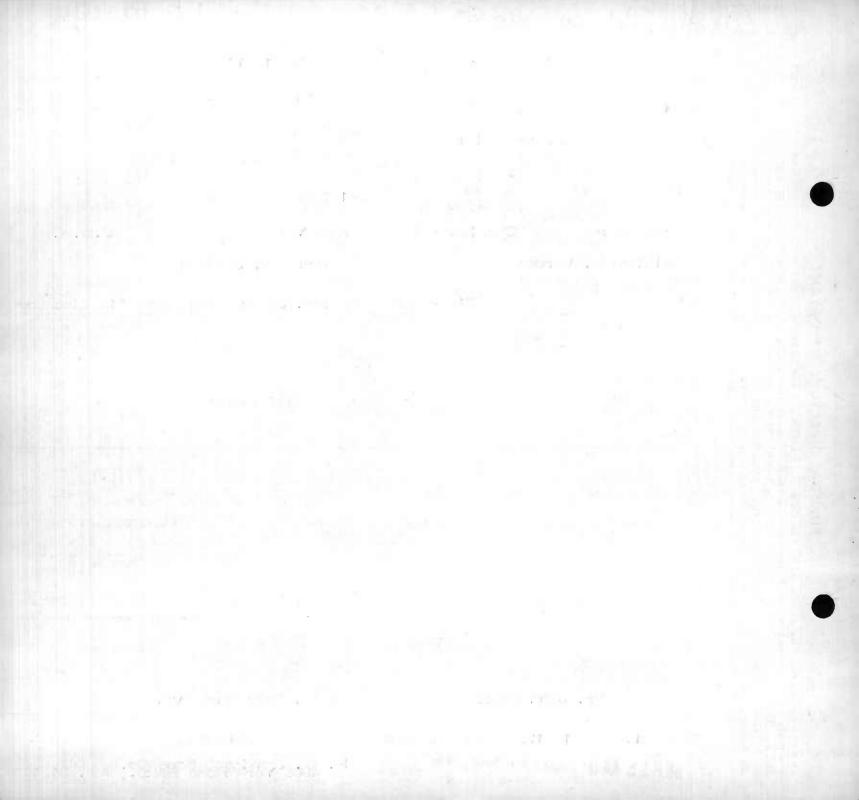
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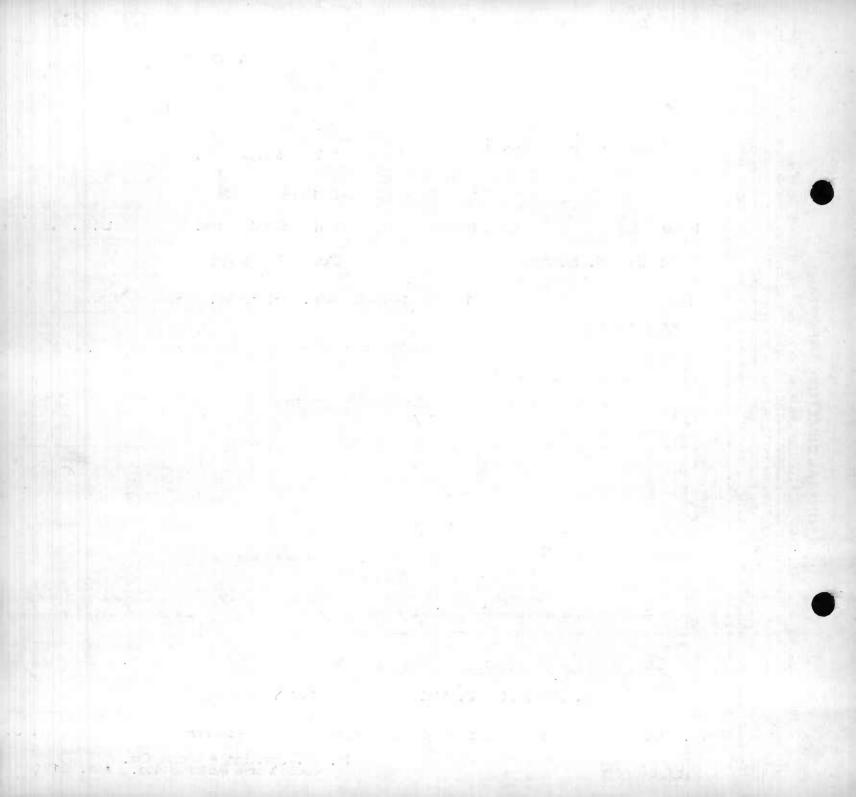
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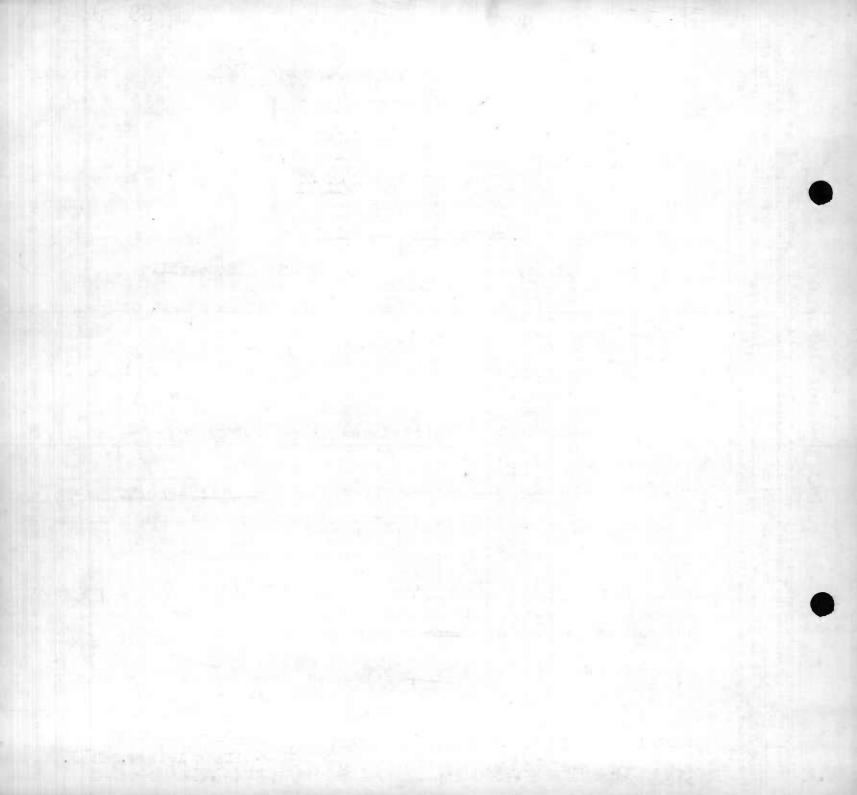
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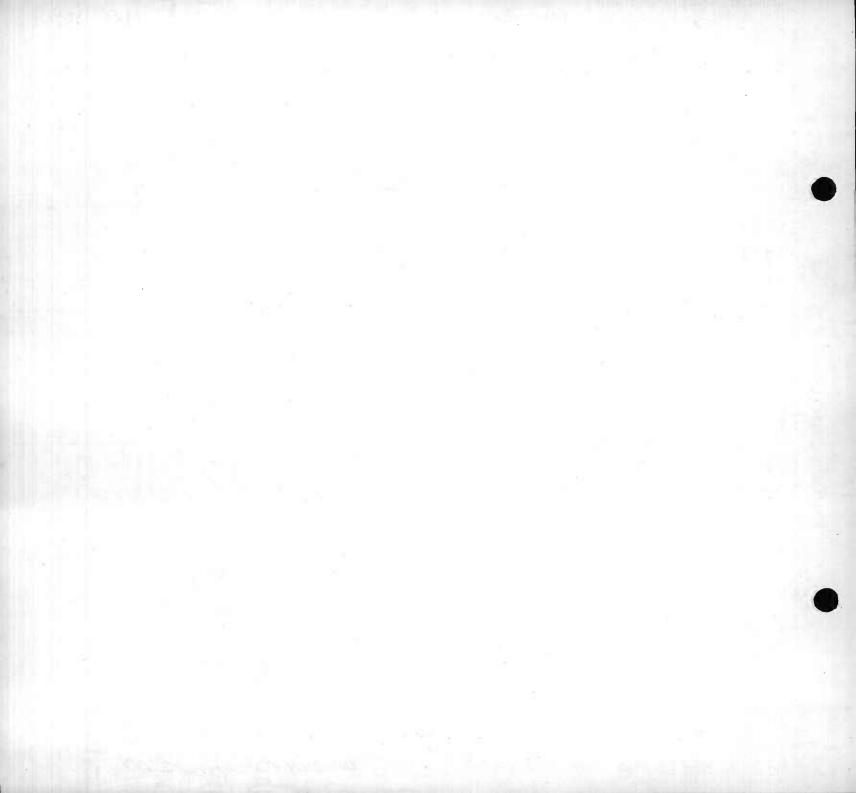
1.)	450			BALTIMORE CITY	HEALTH DEPAR	TMENT		00	00.42
	400	69 9	247	CERTIFICA	TE OF DE	ATH	REG. NO	_69_	9247
BIRTH NO. 1. NAME OF (Type or Prin	DECEASED	Rachel \	Wells				HOUR OF DEATH		Hioo A
3. PLACE IN	BALTIMORE, MAR	YLAND, WHERE	PRONOUNC	ED DEAD	A. STATE	B. COUNT		institution: re	sidence before odmissio
FULL NAM HOSPITAL (E OF (IF NOT OR ADDRESS	IN HOSPITAL C	OR INSTITUTION)	N, GIVE STREET	Maryla	N	D. IN	SIDE CITY LI	
90 1	ong Gree	n Nursi	ng Hon	ne	Baltime E. STREET AND 6107 E	NUMBER	Ave.	YES	№ □
5. SEX	6. RACE		MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	10	. AGE (In years ost birthdoy)	If Under Months	1 Yr. If Under 24 F Doys Hours Min.
done during n	OCCUPATION (Givenos) of working life, evenowife	n if retired)	Own Ho	siness or industry	11. BIRTHPLACE				U.S.A.
13. FATHER'	Iliam T.	Stafford	<u> </u>		14. MOTHER'S M Susar	Bencl			116.3
1S. Wos Dec (Yes, no or un	eased Ever in U. S. known) (If yes, give	Armed Forces? wor or dotes of	service)	social security no. 45–05–1449	17. INFORMANT	Oliver	W. Well	s s	ADDRESS Same
rise I UNDER	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								······································
₹ DISEASI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED				20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR COL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)			ACE OF INJURY (e.g., form, foctory, street, o	in or about 21 C. WI	HERE DID	(If in Baltim	nore City, give	e exact location)
A OL INT	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY While At \(\subseteq \text{Not Whi} \)				le 🗖	W DID INJU	JRY OCCUR?		41.25
that (I	22. I certify that (1) (this haspital) attended the deceased from Clove 1968 to Sept 17 1969 that (1) (we) last saw the deceased alive an Sept 16 1969 and that in(my) (our) apinion death accurred an the da								
23A. SIC	and haur and from the causes stated abave. (1) (We) (did) (did not) 23A. SIGNATURE Att College Physician's NAME (Type)					ed. 🖂	Stoff Phys. Road	23B. DAT	E SIGNED pt 17, 1969
	CREMATION, 24E VAL (Specify)	. Frede		. Vollmer DEGREE OF CEMETERY OF CR				(City, town, c	or county) (Stat
						3 4 4			
em. Bu	REC'D BY HEALTH	-20-1969	9 Bate	s-Mill Cer			aterford, ns_& Son	- 0-	N.



BALTIMORE CITY HEALTH DEPARTMENT



1-010	BALTIMORE CITY	HEALTH DEPARTMENT		00 00 10
L-260 69 9;	249 CERTIFICA		REG. NO	69 9249
NAME OF DECEASED PRO PRINT SHIPLEY to anome	of H breast.	Sept	10 HOUR OF DEATH	11.50 A.A
3. PLACE IN SALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	te deceased lived. If ins	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	INSTITUTION, GIVE STREET	Mary LAND C. CITY OR YOWN		5300 DE CITY LIMITS?
		Bolimare		YES NO NO
Marylan Coural Haspi	tal.	E. STREET AND NUMBER	hild Rd	
SEX 6. RACE 7. AAAB	RRIED NEVER MARRIED	B. DATE OF BIRTH	9	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female. While wide	OWED DIVORCED	3/24/24	lost birthdoy)	
OA, USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTR
Clark Dono 13/1	UROHO	Baltima	•	U.SA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Raymond Butt	عه	MAMIE Year	ec .	
. Was Deceased Ever In U. S. Armed Faices?	1 6. SOCIAL	17. INFORMANT		ADDRESS
'es,no ar unknown) (If yes, give war ar dates of ser	SECURITY NO. 213 20 3081	- 1	2 -1 -	1
NU		admissio,	1 Shee	APPROXIMATE INTERVAL
18./ 7 4 / 1	CAUSE OF DEAT			BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A)IMMEDIATE CAL	JSE		
(This does not meon the mode of dying,	e.g., DUE 10, OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dis				
	\		1 5	161
ANTECEDENT CAUSES	(0) Net	estatic Covernous	na Of Breas	A(K)
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	a Matri Covernan		
rise to the obove couse (A) stoting				
UNDERLYING CONDITION lost.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO THE TERM				***************************************
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPPRATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED)		IN CERTIFYING CAL	ISES OF DEATH?
A SIA ACCIDENT WAS HADERIVING	218 BLACE OF INTERVAL - :	a or about 21C WHERE DID	/16 to Datatoria	City also avant location
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, o	ffice bldg., INJURY OCCUR?	(it in Boitimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
OF INJURY	While At Not While Work			
(APPROX.)	Work At Work			
22	ided the deceased from		19ta	19
IZZ. I COPPLEY TRAT (II) (TRIE PACKITAL) ALONG	and the agreased Hall """"			I/_I/_
22. I certify that (I) (this haspital) atten				
that (1) (we) lost saw the deceased alive	e an		nat in (my) (our) opir	
		19and th	nat in (my) (our) opir	
that (I) (we) lost saw the deceased alive		19and th		nion death accurred an the de
that (I) (we) lost saw the deceosed oliverand hour and fram the causes stated about 23A. SIGNATURE	ave. (1) (We) (did) (did nat) v	iew the bady after death.		nion death accurred an the do
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that (I) (we) lost saw the deceosed oliver and hour and fram the causes stated about 23A. SIGNATURE Thousandler 23C. PHYSICIAN'S NAME (Type)	ave. (1) (We) (did) (did nat)	nding Med.		nion death accurred an the de
that (1) (we) lost saw the deceosed oliver and hour and from the causes stated about 23A. SIGNATURE Thauerapher 23C. PHYSICIAN'S NAME (Type) DR. Le Boursier	DEGREE DEGREE	niew the bady after death. And the bady after death. And Med. Director 23D. ADDRESS	Shoff Carden	238. DATE SIGNED
that (1) (we) lost saw the deceosed oliver and hour and from the causes stated about 23A. SIGNATURE Thauerapher 23C. PHYSICIAN'S NAME (Type) DR. Le Boursier	DEGREE DEGREE 24C. NAME of CEMETERY of CR	nding Med. Director 23D. ADDRESS MATORY 24D. 1	Shoff Europeul Shoff Retroley	238. DATE SIGNED
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DIRECTOR:

FUNERAL

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	approved by the chief medical examiner or his assistant if death occurred in a hospital and	000	al (except where the physician who pronounced death was in regular attendance on the	S.		l
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FUNERAL DIRECTOR: IMPORTANT	iner	actu	pro	Jar.	be obtained before the remains are embalmed or final disposition is made.	ı
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	ust	der	105	de	E	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospite	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must	
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	S ce	WS:	Is D.	Des	itte	
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V-20	20 06	0.00	BALTIMORE CITY	HEALTH DEPARTMENT	. ,	00
	9	9 925	CERTIFICA	TE OF DEATH	REG. NO	69 9251
INAME OF D	ECEASED		OEK TITLE			
Type or Print)	1 - 11 5		1/3-	2. DATE AN	D HOUR OF DEATH	
3 PLACE IN B	ALTIMOPE MARYLA	ALD WILLIAM BOOK	V162	Usual peripence into	15 /67	112:35 P
S. PEACE IN B.	ALTIMORE MARYLA	IND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	o deceased lived. If inst	tution: residence before admission
FULL NAME C	F (IF NOT IN	HOSPITAL OR INS	TITUTION, GIVE STREET	MA P	BALTI	5201
FULL NAME OF HOSPITAL OR	ADDRESS O	R LOCATIONI	The state of the s	C, CITY OR TOWN	9	E CITY LIMITS?
/				12 015		YES NO NO
Maryl	and	Fener	al Hosp.	E. STREET AND NUMBER		IE3 LA NO
) (41)	000 67	10.00		Box 73	0 01	
5. SEX	6. RACE	7			O NT	
7			ED NEVER MARRIED	S. DATE OF BIRTH VII/00	9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Ho Months Doys Hours Min.
	N	WIDOW		- The state	69	
done during most	CUPATION (Give kind of working life, even if a	of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT
,	Vone		None	1 - A	2 1 1/2	W.S.A.
13. FATHER'S N			7,070	14. MOTHER'S MAIDEN NAM	AL VO	K. 3. H.
			١	THE PROPERTY NAMED	>	
	OHN P.		 		,'	
15. Was Decease (Yes, no or unknow	ed Ever in U.S. Am wn)[lif yes, give wor	ned Forces? or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			216-01-6176 B	CAROLYN ME	NELLY	SE ABOUE
18.	70.		CAUSE OF DEAT			APPROXIMATE INTERVAL
	100		CAUSE OF DEATH			BETWEEN ONSET AND DEAT
DIZE	ASE OR CONDITION LEADING TO D			1 9		
(This does	nal meen the ma		(A) IMMEDIATE CAL		10	
heart failure	e, oslhenio, elc. [] :	means the diseas	se, DUE TO, OR AS	A CONSEQUENCE OF:		
injury or co	amplication which o	caused death.)				
	ANTECEDENT CA	AUSES	(=)	CHE		
DISEASES	OR CONDITIONS	, if any, givi	DUE TO, OR AS	A CONSEQUENCE OF:		
rise lo l	he above couse	(A) sloting (he			
UNDERLYIF	NG CONDITION IO	ıst.	(c)	***************************************	****************	
-	11					
O THE SIGN	IFICANT CONDITION ATH BUT NOT RELATE	IS CONTRIBUTIN	G			1
▼ IDISEASE OR	CONDITION GIVEN	IN PART 1 (A).				***************************************
E 194-DATE	OF OPERATION 198	CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	20 L IF YES, WERE FIN	DINGS CONSIDERED
				NO.	III CERIII IIIIO CAUS	CO OF DEATH!
OR CONTRI	ENT WAS UNDERLY		18. PLACE OF INJURY (e.g., in some, farm, factory, street, of		(If In Boltimore	City, give exact location)
DEATH (noti	fy medical examined		iome, tam, tactory, sneet of	THE STORY INTOKT OCCUR!		
21D. TIME	(Monthl (Doy)	(Yeor) (Hour) 2	1E INJURY OCCURRED	21F. HOW DID INJU	INV OCCUM	
S OF INJURY	//		While At Not While		JA: OCCUR!	
(APPROX.)			Work At Work	'L	10	0 /
22. I certif	y that (1) (this ho	spital) attended	the deceased from	9/13	9_61 to	1/15 1067
	e) lost saw the de			4 0		m dast 17
1					in tunk (ont) objust	an death occurred on the da
23A. SIGNAT		s stated above.	(i) (We) (did) (did not) v	tow the bady after death.		
23A SIGNAT	JA A	6/1	Kin			BR DATE SIGNED
Vur	10000	~ 0/	DEGREE Phys	nding Med. Director	Staff Phys.	4/5/69
23C. PHYSICE NAME	IAN'S	U	DEGREE	23D. ADDRESS	•	/12/6/
NAME	()		YON	11/	1.4	
24A. BURIAL CE	PEMATION 1248 DA	TE In:	DEGREE	MAT	[]	
REMOVAL	REMATION, 248. DA	124C.	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City.	town, or county) (Stote)
14116	(Specifyl	100/1- 1	A A			
CUL	Specifyl 9	18/69 6	ARDENS 0	8 FAITH	BALTO. A	
SA. DATE REC	D BY HEALTH DEPT	18/69 C	E OF REGISTRAS	S SAITI+	BALTO. 1	h.O. ADDRESS
25A. DATE REC	D BY HEALTH DEPT	18/69 C.	E OF REGISTRAS	25C. FUNERAL DIRECTOR		ADDRESS
25A. DATE REC' CFD 1	D BY HEALTH DEPT.	18/69 C	E OF REGISTRAS			ADDRESS

NAME OF DECEASED NANCY MILES 2. DATE Known X September 17, 1969 10:35 Pa.	/	11-42	0	69 MED	9252 ICAL I	BALTIMORE CITY HE	ALTH DEPAR	TMENT	DEAT	H REG NO		69 8	7252
Comparison NANCY MILES September 17, 1969 10:35 Pa				-						NEO. 140	-		
FRONOUNCED DEAD September 17, 1969 10:35 P ADDRESS DELCATION) Maryland General Hospital S. SEX Permale Mite Mite Marriand S. SEX Permale Mite Mite Mite Monore				NANCY	MILES		OF						:35 P _A
September 2 ADDRESS OR LOCATION MARY LAND General Hospital S. USUAL RESIDENCE (Where discoord lived. If institution, reason where institution) A. STATE MARY LAND B. COUNTY A. STATE MARY LAND B. COUNTY B. LE STREET AND NUMBER (I.) FATTHER'S NAME COUNTY B. LE STREET AND NUMBER (I.) FATTHER'S NAME COUNTY B. LE STREET AND NUMBER (I.) FATTHER'S NAME COUNTY B. LE STREET AND NUMBER (I.) FATTHER'S NAME COUNTY B. LE STREET AND NUMBER (I.) FATTHER'S NAME (I.) FATTHER'S NAME CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH ATECTION OF BESINESS OR CONDITION DIRECTLY LEADING TO DEATH ATECTION OF BESINESS OR CONDITION SIP ANY, GIVING UNDERLYING CONDITION SIP ANY, GIVING UNDERLYING CONDITION SIP ANY, GIVING UNDERLYING CONDITION SIP ANY, GIVING UNDERLYING CONDITION SIP ANY, GIVING UNDERLYING CONDITION SO NOT RIBUTING CONDITION SO NOT RIBUTING	4.	PLACE IN BAI	LTIMORE, MA	ARYLAND, W	HERE PRO	NOUNCED DEAD			Month	Day	,	Yeor Hour	
A. STATE Maryland B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?	HO	SPITAL				ITION, GIVE STREET					_		771.
Pemale White WIDOWED DIVORCED Baltimore PES No	1			nd Gene	ral Ho	spital	A. STATE M	aryland				130	12
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DISEASES OR CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST. (c) OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB HOME, form, foctory, strest, office bidg., etc.) INJURY OCCUR? UNDERLYING GOR CONTRIB HOME, form, foctory, strest, office bidg., etc.) INJURY OCCUR? 22D. TIME (Month) (Octy) (Yeor) (Hour) 22E.1NJURY OCCURRED 22F. HOW DID INJURY OCCUR? AT WORK PERFORMED 21. AUTOPSY? (Yes or No) YES 22B. PLACE OF INJURY(e.g., in or about 22C. WHERE DID (It in Boltimore City, give exact location) home, form, foctory, strest, office bidg., etc.) INJURY OCCUR? Paca and Saratoga Streets Paca and Saratoga Streets Paca and Saratoga Streets Pedestraian struck by truck 23. 1 certify that I held on Inquiry Inspection Autopsy IX and that on this basis, death in my opinion resulted from: Netural causes Accident IX Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE AND ACCIDENT ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSO	ANIECEDENT CAUSES (R)	
UNDERLYING CONDITION LAST. (c) Other significant contributions contributing to the death but not related to the terminal disease or conditions given in part 1 (a). 20A. Date of operation 20B. Condition for which operation was performed 21. Autopsy? (Yes or No)	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
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OF INJURY (APPROX.) 9-17-69 10:20 A. m. WHILE AT WORK Pedestraian struck by truck AT WORK Pedestraian struck by truck	☐ UTING ☐ CAUSE OF DEATH. Streets	Paca and Saratoga Streets
Carrify that I held on Inquiry Inspection Autopsy Ond that on this basis, death in my opinion	OF INJURY	
Certify that I held on Inquiry Inspection Autopsy Ond that on this basis, death in my opinion	MATERIAL 19-17-09 10:20 A. m. WORK ATV	VORK LX Pedestraian struck by truck
resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER NAME (Type) Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 9/17/69 24D. LOCATION (City, town, or county). (Stote) 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 24C. NAMINER 24C. NAMINER 24C. NAME OF CEMETERY or CREMATORY 24D. LOCATION (City, town, or county). (Stote) 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR 6224 PORTOR ACCIDENT SIGNED ACCIDENT SIGNED ACCIDENT SIGNED 25C. FUNERAL DIRECTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR ACCIDENT SIGNED 25C. FUNERAL DIRECTOR ACCIDENT SIGNED		topsy X and that on this basis, death in my opinion
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NAME (Type) Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 9/17/69 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county). (Stote) Burial 9-20-69. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 6224 EXECTOR AVE.		ASSISTANT MEDICAL EXAMINED A
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 9-20-69. Oak Lawn Cemeters 7225 Eastern Blvd. Ba., Co., Md. 25A. DATE REC'D BY HEALTH DEPT. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county). (Stote) 24D. LOCATION (City, town, or county). (Stote)		
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25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 6224 EXECT AVE.	70 10 70 10 00 00	
O O O	Our Detail	
CEDIU WAY WAS TO THE TO THE METERS OF THE PROPERTY OF THE PROP	CED 1 0 1000 22 48 J.R. NO.	lala 10 10 Balto. 21224.Md.
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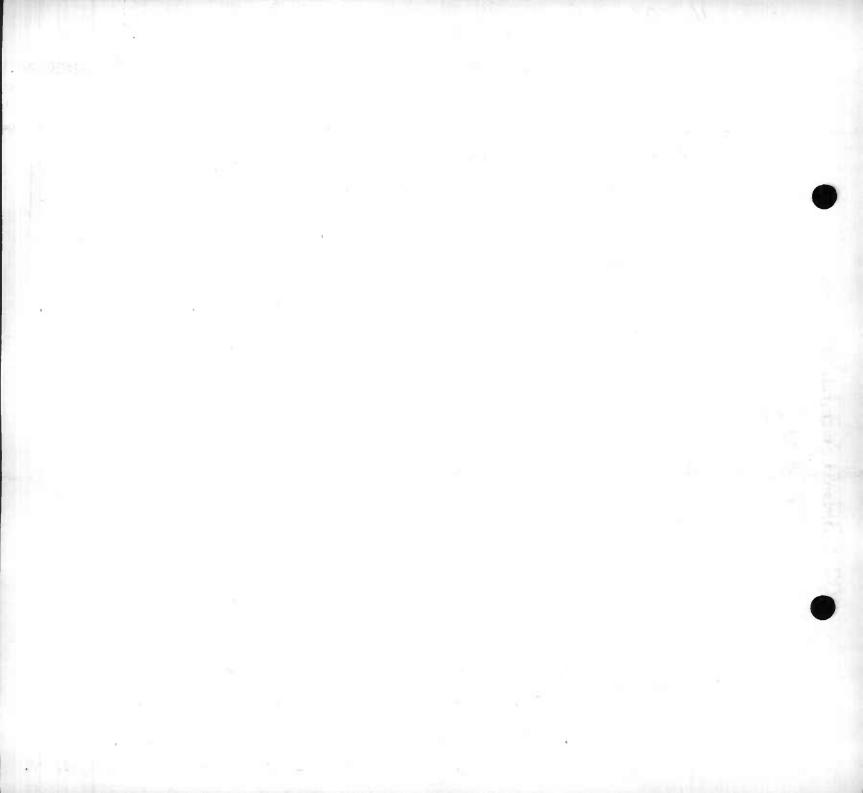
Windstonell & Minds Eferman entraid Meuse Forts 1.4 Flores Many TI. OLD THE MANY EST A METOLISH A DESTRUCTION OF THE STATE OF THE STAT

CA Company (SES Restors Deck A)

2 /_/	EALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 69 9254
I. NAME OF DECEASEDRANDALL	2. DATE Known 🛣 Month Day Year Hour
(Type or Print) Joe A. Koutchak	OF DEATH Estimoted 9 15 69 12:25 Am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 9 15 69 12:25 Am.
OR INSTITUTION ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
Sinai Hospital	A. STATE Alaska B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Eskimo WIDOWED DIVORCED	Fairbanks YES NO X
	. E. STREET AND NUMBER
9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. if Under 24 Hrs 4-2-1944 Soft birthday) 25 Months, Days, Hours, Min	1030 2nd Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Alaska AYHAI KOUNIRY?	Richard Koutchak
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Tire Co.	Lillian Serren
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown)lift yes, give war or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
(Yes, no ar unknawn) (If yes, give war ar dates af service) SECURITY NO.	-Green Funeral Chapel, Anchorage, Alaska
19. F CII. 9 CAUSE OF DE	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	DETWEEN OFFICE AND DEATH
LEADING TO DEATH (A)IMMEDIATE	CAUSE Cerebral hypoxia
	AS A CONSEQUENCE OF:
infury or complication which caused death.)	
ANTECEDENT CAUSES (B) Res	piratory obstruction
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OF	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
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▼ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	unt a ather i am
TO THE DEATH BUT NOT RELATED TO THE TERMINAL ACTION DISEASE OR CONDITION GIVEN IN PART 1 (A).	cute ethylism
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
0 2	yes F O R
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	., in or about 22C, WHERE DID (II in Baltimore City, give exact location) ice bidg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. Street	4 Reisterstown Rd. 1806 no. of Kenmar Av
22D. TIME (Month) (Day) (Year) (Hour) 122E INTITITY OCCUPRED	22E, HOWDID INTURY OCCUR?
(APPROX.) 9-14-69 11:30 P m. WHILE AT NO	Trapped in overturned vehicle
23.	
I certify that I held an Inquiry Inspection A	utopsy (ond that on this basis, death in my opinion
resulted from: Natural couses Accident Z Suic	ide Homicide Undetermined monner
ACTUAL DANS	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE O MONTHLE M.	D. ASSISTANT MEDICAL EXAMINER L
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 9-15-69
NAME (Type) Russell S. Fisher M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Removal -9-18-1969 ?	Anchorage, Alaska
25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
25 1 1 1 1 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1	Wm. Cook-Brooks Towson, 1050 York Road Towson, Md. 21204
VS 151-REV. 1/1/68	10 0 A O

Letter from M.E.'s office 3-19-71 Received 3/22/91-Tor late to be counted in 1969

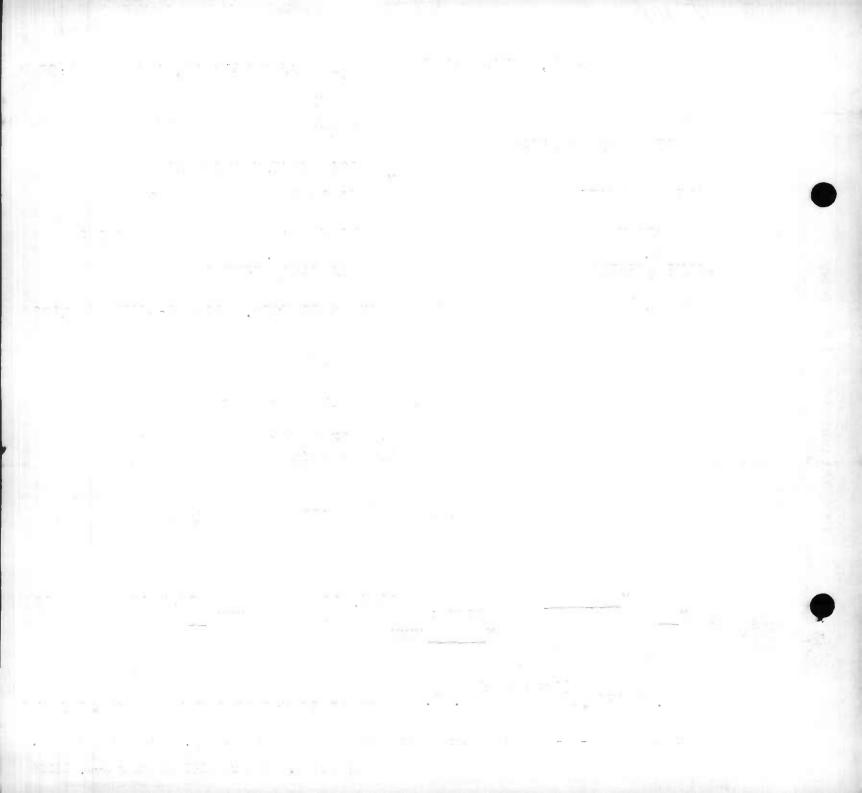
11-50	00		BALTIA	ORE CITY	HEALTH	DEPARTMENT		00	
BIRTH NO. 17	1,18489	9255	CERT	TIFICA	TE O	F DEATH			9255
(Type or Print)	BABY GIRL H	AMME,	Twin "I	3"			9/15/69		8:20 A
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRON	OUNCED DEAD		A. STAT	L RESIDENCE (W	here deceased lived. If	institution; resid	ence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INST	ITUTION, GIVE S	TREET	Ma.	ryland OR TOWN Stminist	Carroll D. II	SIDE CITY LIMIT	
37he Jo	ohns Hopkin	s Hos	oital			T AND NUMBER		YES	МоК
					Box	c 154 A	Rt. 7		
5. SEX	6. RACE	7. MARRIE	NEVER MA	RRIEDXX	8. DATE	OF BIRTH	9. AGE (In years	II Under 1	Yr. , 11 Under 24 Hr
Female	White	WIDOWE		RCED 🗍		L5/69	last birthdoy)	Manths Do	Ys Hours Min.
done during most of	UPATION (Give kind of worl working life, even if retired)	GIOR KIND	OF BUSINESS OR	INDUSTRY	11. BIRTH	PLACE (State or f	oreign country)	12. CITIZEN	OF WHAT COUNTS
N	one					Md.			USA
13. FATHER'S NA	ME				14. MOT	HER'S MAIDEN N	IAME		
	n Hamme				Mai	tha	Wildasin		
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY	NO	17. INFO	MANT		I A	DDRESS
NO			None		Fr	anklin Ha	mme Rt.	Westmin	ster, Md.
18.	2 X I		CAUSE	OF DEATH	1			I A	PPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY		10	57010	ATTORY A	nner	BETV	WEEN ONSET AND DEAT
	LEADING TO DEATH		/ 15 Th 4844			11 4764 74	1000	1	
(This does n	at mean the mode of	dying, e.g	DUE	TO, OR AS A	CONSEC	UENCE OF:			**************
injury ar carr	asthenia, etc. It means	death.)	2,		uroL		MAGE (HIDRO	EPIMEUS)	
	ANTECEDENT CAUSES			106	U100 W			1	
			(8)			******			
tise to the	R CONDITIONS, if above cause (A)	ony, giving	g DUE	IO, OR AS	A CONSE	QUENCE OF:			
UNDERLYING	CONDITION last.	aroung in	(C)						
	11		(0/11111				***************************************		
OTHER SIGNIF	ICANT CONDITIONS CO. H BUT NOT RELATED TO TI	NTRIBUTING							
C DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).							
19A. DATE OF	OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERAT	ION	20 A. A	UTOPSY? (Yes or	No) 20B, IF YES, WER	FINDINGS CO	NSIDERED
OR CONTRIBU	IT WAS UNDERLYING	ha	B. PLACE OF INJ	URY (e.g., in	or about	21C. WHERE DID	(II In Boltim	ore City, give ex	oct location)
91	medical examined	eld	ial .						
OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCU	RRED		21F. HOW DID II	NJURY OCCUR?		
(APPROX)			hile At	Not While At Work					
22. I certify	that (1) (this hospital) attended	the deceased f		PT	15	1969 to 5	EPT 15	19 69
	lost sow the decease			_			_19 <u></u>		
	from the couses stat				ow she t	adu afect de d		den deetit G	Courses on the day
23A. SIGNATU	RE		11) () (0.10) (0	1017 41	ew line c	ody offer deom	le ·	000 0 475 61	CHIES
4	. 1.0.	ugues	/ M.D.	Atten Phys.	ding 🔲	Med.	Staff Phys.	238, DATE SI	GNED
23C. PHYSICIA	Nº C	regires	10,01		D. ADDR	Director L	rhys.		
NAME (T)	e Neideng	ard,	M.D.	1			pkins Hosp	oital	
AA. BURIAL CREA			AME of CEMETE	DEGREE					
KEMOVAL (S	pecify)					24D.		Sity, town, or co	•
Burial	Sept.17	,1969	Bachmans	Cemet	ery		RD Westmins	ter, Md.	
SA. DATE REC'D	BY HEALTH DEPT.		OE-REGISTRAR		25C. F	UNERAL DIRECTO	DR T	TT	ADDRESS Md
SEPTS	1969 (K. Gerff E	. LaBer	180 Oca	-	Ti	oton - El	ine Funeral	nome Ham	ibaread, Mo
\$ 150-REV. 1/1/6	D '								



VS 150-REV. 1/1/68

Cha. Le., e., e., amen See an Tangalagua and P Bally S. R. S. Love C. S. and C. S.

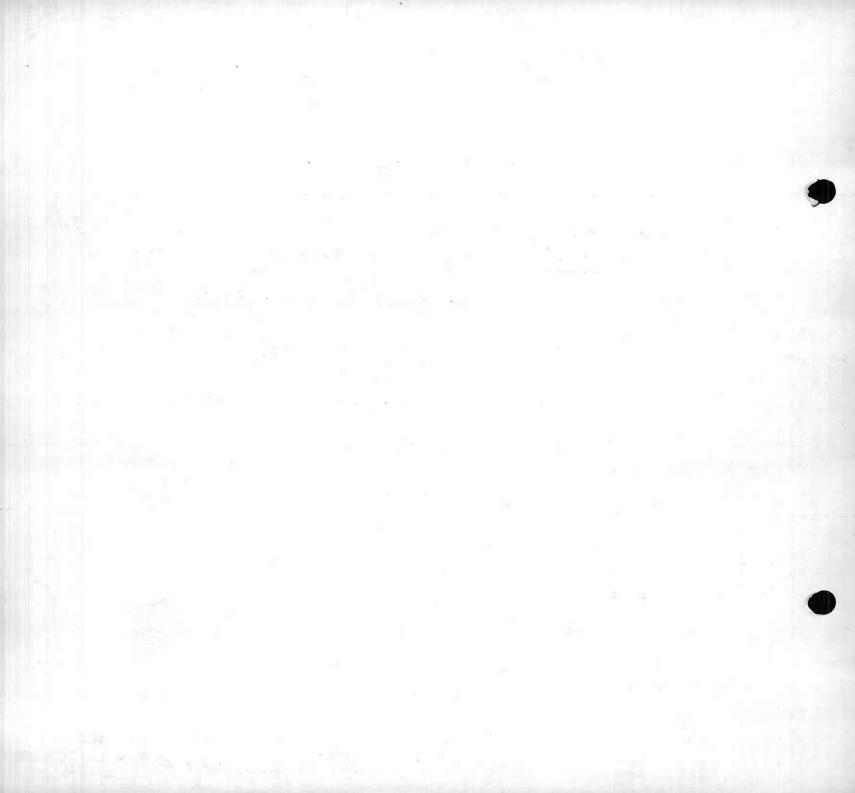
1	V-40	0 69	9257	4	HEALTH DEPARTMENT	X REG. NO	69 9257
	TH NO. 6	9-01197	3,30,	CERTIFICA			Ø
	pe or Print)	,	DAVID	WALTER		AND HOUR OF DEATH	
3.	PLACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE (W	TEMBER 17,	1969 6:05 M. nstitution: tesidence before admission
FU	LL NAME OF			JTION, GIVE STREET	MARYLAND Z	Balto. CO.	5300
IN	STITUTION				BALTIMORE	D. INS	SIDE CITY LIMITS?
1/	ST	AGNES HOSPI	IAT		E. STREET AND NUMBER		YES NO
		TOTAL O TOOT	1 7 1 5001		1219 SEVEN	LOAKE BOAR	3
5. :	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	ALE	WHITE	WIDOWED	DIVORCED	01 18 69	lost birthdoyl	Months Doys Hours Min.
don	e during most of	working life, even if retired)	IOE KIND OF	BOSINESS OK INDUSTRE	11. BIRTHPLACE (Stote of to	oreign country)	12. CITIZEN OF WHAT COUNTRY?
_		ANT			MARYLAND		USA
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN N	AME	
V	ALTER	NEWELL			BARBARA	STEVENS	
15.	Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	J I E V E I I O	ADDRESS
	no	Wil yes, give wor di dole	3 OI SEIVICE)	None	ST AGNES HOS	SP. RECORDS	- RALTO MD 21220
	18.7	1.41		CAUSE OF DEAT	H AGIVES 110	NEGONDS	APPROXIMATE INTERVAL
		E OR CONDITION DI	RECTLY				SETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CAL	use Undernutri	tion	
	heart iailure,	ot meon the mode ai asthenia, etc. It means	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or cam	plication which caused	death.)				
		INTECEDENT CAUSES		(B) Chron	nic active peri	tonitis	
	DISEASES O	R CONDITIONS, ii abave cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
		CONDITION last.	Juning the	(c) Mult.	. xxxxx interst	ernal resect	ions
_		11		for il	eal atresia		
ATION	TO THE DEATE DISEASE OR CO	CANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL T 1 (A).	************************	3 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		NOON
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PERF		WHICH OPERATION BS	720A- AUTOPSY? (Yos or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERT	214 4 5 5 1 1 1 1	7 7	NTGR	STERN AL	YES YES	XES	
100	OR CONTRIBU	TING CAUSE OF modical exominer	ham etc.)	e, farm, foctory, street, al	n of about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimor	re City, give exect facetion)
L MA	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
×	(APPROX.)		Wor				
	22. I certify	that XI) (this hospital) attended th	e deceased from S		19 69 to SEP	17 19 69
	that N) (we)	last saw the decease	d alive on	SEPT 17	19 69 and	that in (my) (our) api	nian death accurred an the dote
			ed phave. ()	(We) (did) (didXnot)Xv	lew the bady after death	. /	,
\	23A. SIGNATU	* La di		0 11 1			23B. DATE SIGNED
	3.	rath All	n sund sh	PO NE DEGREE Phys	nding Med. Director	Staff Phys.	9/18/69
	23C. PHYSICIA NAME (T)	pe) (TI	rst Name	1.4 m	23D. ADDRESS		/
	DR.		bumyopas	M. D.	ST AGNES HO	SPITAL CAT	ON & WILKENS AVE
24A	REMOVAL (S	AATION, 24B. DATE	24C.NA	ME of CEMETERY OF CRE			ity, town, or county) (Stote)
	Buria1	9-20-6	9 Ho	ly Ctoss Ceme	tery R	itchie Hwy.	Anne Arundel Md.
25 A	SEP 19	1969 JOSEPH E	258 NAME O	FEGSTRAR	25C. FUNERAL DIRECTO		Wilkens Ave. 21229
Les	150 BEV 1/1//			7 3		<u> </u>	



FUNERAL



W-640 69 92	60	HEALTH DEPARTMENT	X REG. NO.	69 92	60
BYRTH NO.	CERTIFICA	TE OF DEATH			
Type or Print)	.1.		D HOUR OF DEATH		
3. PLACE IN BALTIMORE MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	t. 15, 1969 re deceosed fived. II in	nstitution: residence before	O Pe
		A. STATE B. COUN	ITY	- /	
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	c. CITY OR TOWN	D. INS	SIDE CITY LIMITS?	10
90		Westminist	er	YES NO	
Bolton Hill Nursing & Con	valescent Ctr.	Rt. # 1 B	ox 48		
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Un Months Doys Hours	der 24 I
11	OWED DIVORCED	7-26-05	64		
OA. USUAL OCCUPATION (Give kind of work 10B, KI	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT	4
Custodian	Jehools.	ma		USA	
3. FATHER'S NAME Wesley my	karley	14. MOTHER'S MAIDEN NAM	ME MC	ggins	
Unknown 5. Was Deceased Ever in U. S. Armed Forces	11 (50 514)	Unknow	m	10	
Yes, no or unknown) (II yes, give war ar dotes af se		17. INFORMANT	1- 0 -	27 Somers	Pel (
NV-	216094427	Maule !	1 Carley	Balta 28	mo
18. 161.9 I	CAUSE OF DEAT	1	/	BETWEEN ONSET	AND DE
DISEASE OR CONDITION DIRECTLY					dispert.
LEADING TO DEATH	(A)IMMEDIATE CAL	SE outle les	whave d	we mine	de
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	SE auto fles A CONSEQUENCE OF:			
heart failure, asthenia, etc. II means the di- injury or complication which coused death.)	seose,	rosin free	R- Bu C	A	
	2020	2			
ANTECEDENT CAUSES	(8)	lauren with	retaster	m the no	en
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSTQUENCE OF:		00	
rise to the above cause (A) stating	the				
UNDERLYING CONDITION last.	(C)				
11					
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			1	
TO THE DEATH BUT NOT RELATED TO THE TERM	INAL	***************************************		*****	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B, IF YES. WERE	FINDINGS CONSIDERED	
WAS PERFORME			IN CERTIFYING CA	USES OF DEATH?	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimo	re City, give exact location	1
OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street, of	fice bldg., INJURY OCCUR?	(ii iii bailino		,
U	etc.)				
21D. TIME (Manth) (Day) (Year) (Hour	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
(APPROX.)	While At Not While				
	Work At Work				
22. I certify that (I) (this hospital) atten	ded the deceased fram		19ta		19
that (I) (we) lost sow the deceased alive				inion deoth accurred o	
			or many, toor, op	on deom decorred (ni me
and hour and from the causes stated obc	ive. (I) (We) (did) (did not) v	iew the body after deoth.			/_
23A. SIGNATURE	1			23 B. DATE SIGNED	
all	(and Atte	nding Med. Director	Staff Phys.	9/15/1	4
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	111y3. —	1	
23C. PHYSICIAN'S NAME (Type)	MIAFHT M	ZE Re	al 87 2	Bet mil	יני
4A. BURIAL CREMATION, 24B. DAVE	DEGREE OF CEMPTERY OF CRE	MATORY 24D. L	OCATION (C	ity, town, or county)	(Stot
REMOVAL (Specify)	P () D	12 -1-1	*77	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1	,5105
Bareal 1/18/69	Douden Kickl	emelery /a	allemore,	md at	
	AME OF REGISTRAR	25C FUNERAL DIRECTOR	4. / 4	6512 BODRESS	Nh
2 1 2 1959 Robert E. Jack	Rec. Ph. D.	W Corf Ben	Es West Pe	de 21218	,
'S 150-REV. 1/1/68			1		



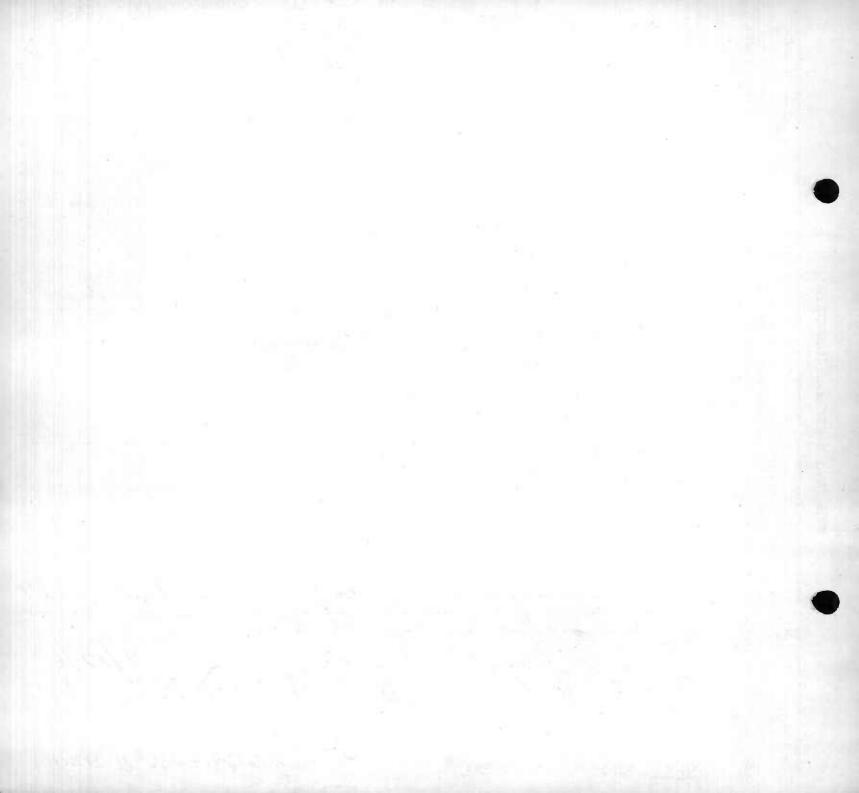
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IMPORTANT

FUNERAL DIRECTOR:

V\$ 150-REV. 1/1/68

1	710	BALTIMORE CITY	HEALTH DEPARTMENT		69 9262	
L	-360 69 98	262 CERTIFICA	TE OF DEATH	REG. NO	03 3262	_
1. NA	IME OF DECEASED IN PRINT IN ALTER LO	UDFO		D HOUR OF DEATH	69 2:301	> M
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE When		stitution: residence before admis	
HOS	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		3838 RO	DLAND	DE CITY LIMITS?	
11	ILLCREST NURSING	HOME, INC.	BALTO.		YES NO	
RA		7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	E. STREET AND NUMBER		1307	*
S. SE	X 6. RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	ost birthday	If Under 1 Yr. If Under 24 Months Days Hours Mi	
	USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COU	NTRY?
done	during most of working life, even if retired)	40- R.R.	Penna			
13. F	ATHERSNAME		14. MOTHER'S MAIDEN NAM	ΛE		
	nuknown		mountens			
15. W (Yes,	ras Deceosed Ever in U. S. Armed Forces? (If yes, give war ar dates of serv	16. SOCIAL SECURITY NO. 705-07-9469	Margaret &	Londer	3838 Roland	av
1	843791	CAUSE OF DEAT	H (1)		APPROXIMATE INTERV	/AL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cenebr	al Anteniasch	enesis	lyean	
	(This daes not mean the made of dying, heart failure, asthenia, etc. It means the disc		A CONSEQUENCE OF:			
	injury or complication which coused death.)	suse,				
	ANTECEDENT CAUSES	(B)				
	DISEASES OR CONDITIONS, if any, gings to the abave cause (A) stating UNDERLYING CONDITION last.	71119	A CONSEQUENCE OF:			
	II					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI					
CA	9A. DATE OF OPERATION 19B. CONDITION		20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE	FINDINGS CONSIDERED	
RTIF	WAS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?	
0 2	21 A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimor	e City, give exoct location)	
MEDI	21D.TIME (Month) (Doy) (Year) [Hour) DF INJURY APPROX.)	21E. INJURY OCCURRED While At Not Whil		JRY OCCUR?		
	22. I certify that (I) (this hospital) attend	Work L At Work	1915	0 40 V	Sent 196	9
	hat (1) (ma) last saw the deceased alive	10 / 15	- / ~	9ta at in(my) (&u r) api	nion death accurred an the	date
	and haur and from the courses stated above	()				
	3A. SIGNATURE	Atte	ending AMed.	Staff Phys.	23B, DATE SIGNED 69	
2	NAME (Pipe)	DEGREE	3202 Harfer	d RL B.	altimore Md	
24A.	BURAL CREMATION 248. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF	MATORY 24D. LO	OCATION (CI	ity, town, or county) (Sta	te)
2SA.	DATE REC'D BY HEALTH DEPT. 258. NA	Wedar Still	25 TOWNER AL DIRECTOR	unios- /	ADDRESS	
23M.	CED 1 Q 1989 Robell E. Vis	MG OF REGISTRAR	Front July	ut 814W3	36 11. 21211	
VS 1	50 PEV 171/68		1 0 2 4 7	0		



IMPORTANT

VS 150-REV. 1/1/6B

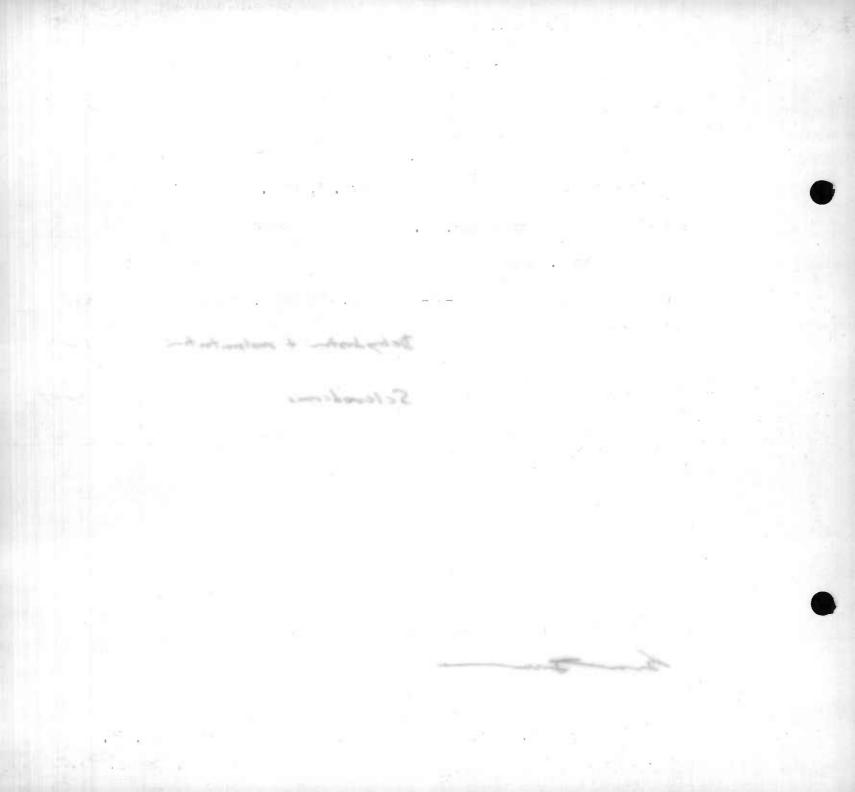


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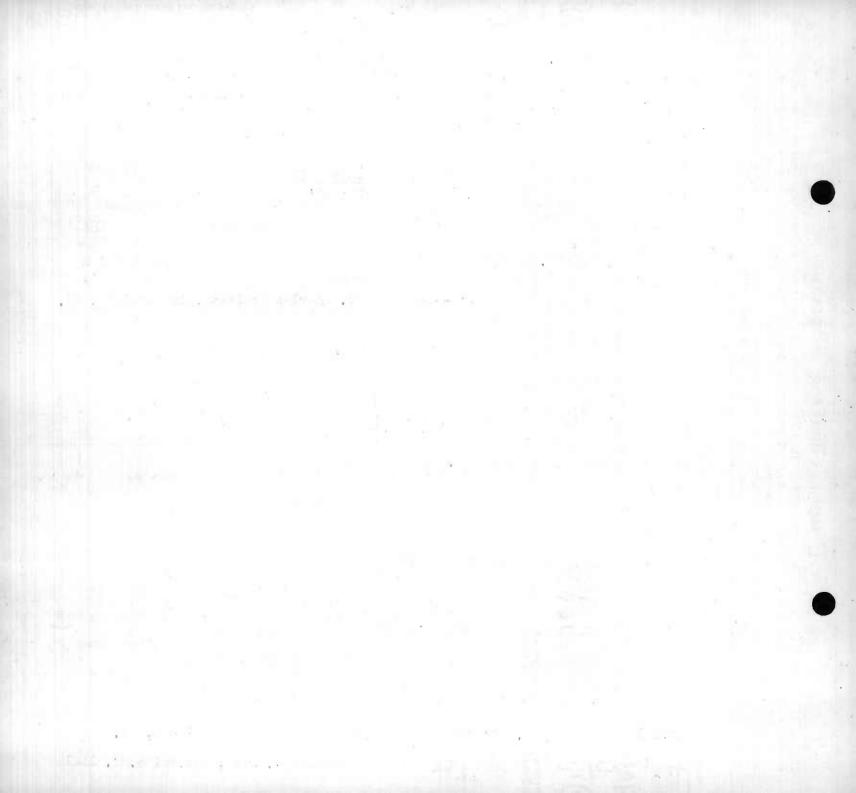
a hospital and

4	-120	00	000		ORE CITY H	HEALTH DEPARTMEN			00	9264
SIRTH	NO	69	9264	4 CERTI	IFICAT	E OF DEAT	H REG.	NO	69	3204
. NAN	ME OF DECEASED	HILDA	L.	HARRIS	3		ptember		1969	
3. PLA	ACE IN BALTIMORE, MA	ARYLAND, W	HERE PRONO	UNCED DEAD		4. USUAL RESIDENCE A. STATE B. C	(Where deceased li	ived. If ins	titution: resid	ence before odmission
HOSPI	NAME OF (IF NO ITAL OR ADDRE	T IN HOSPITA	AL OR INSTIT	TUTION, GIVE STR	REET	Maryland c. CITY OR TOWN		D. INSID	DE CITY LIMIT	733
49	N. CHARL	ES GEN	NERAL H	HOSPITAL D.O.A		Baltimo: E. STREET AND NUMB 2611 Str	ER		YES X	NO 🗌
SEX		ite	7- MARRIED	X NEVER MARK	RIED 8	Nov. 3, 1907	9. AGE (In y. lost birthdoy)	eors 61	If Under 1 Months Do	
one du	SUAL OCCUPATION (Giruring most of working life, electing)	ven if retired)	10B, KIND OI			1. BIRTHPLACE (Stote of			12. CITIZEN	OF WHAT COUNTR
3. FA1	THER'S NAME				1.	4. MOTHER'S MAIDEN	NAME		1	
	Jo	hn L. M	lohr				Ann	a	?	
s. Wo	s Deceased Ever in U.	S. Armed Ford	ces?	1 6. SOCIAL		7. INFORMANT			AI	DDRESS
es, no	No (If yes, giv	e wor or oole:	a or adiates)	216-03-60	685	Mr. William	C. Harris		(Same)
18.	72110	1		CAUSE O	OF DEATH				I A	PPROXIMATE INTERVAL
	DISEASE OR CON	I IDITION DIR	RECTLY			,			BETV	WEEN ONSET AND DEA
	LEADING									1.10
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DI ris UI	this does not meon the cart foilure, osthenio, e triury or complication w ANTECEDEL SEASES OR CONDISSE TO THE OBOYENDERLYING CONDITI	he mode of the the theons which coused NT CAUSES TIONS, if couse (A) ON lost.	the diseose, death.) ony, giving slating the	(B)	Sele		mslmutn	70~		727
NOITA NOITA	this does not meon the cart foilure, osthenio, e rigury or complication w ANTECEDER SEASES OR CONDITION OF THE RESIGNIFICANT CONDITION OF THE DEATH BUT NOT SEASE OR CONDITION C	he mode of the process of the proces	the disease, death.) ony, giving stating the NTRIBUTING HE TERMINAL T I (A).	(B)	Sele	CONSEQUENCE OF:				727
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DI CERTIFICATION	this does not meon the cart foilure, osthenio, e rigury or complication w ANTECEDER SEASES OR CONDITION OF THE RESIGNIFICANT CONDITION OF THE DEATH BUT NOT SEASE OR CONDITION C	he mode of otc. It means which coused NT CAUSES TIONS, if couse (A) ON lost. IDITIONS CONTRELATED TO THE SIVEN IN PART NO 179B. CONTRELATED TO THE SIVEN IN PART NO 179B. CONTRELATED TO THE SIVEN IN 179B. CONTR	the discose, death.) ony, giving slating the https://doi.org/10.1001/	(B)	Sele O, OR AS A	CONSEQUENCE OF:	or No) 208, IF YE:	S, WERE FI	INDINGS CO	
DI tiss UII	This does not meen the eart foilure, osthenio, entire of complication we will be a complication with the complete of the compl	he mode of the mod	the discose, death.) ony, giving slating the state of the terminal to the terminal to the terminal to the terminal to the terminal to the terminal to the terminal to the terminal ter	(B)	ON URY (e.g., in street, office	CONSEQUENCE OF: CONSEQUENCE OF: 20A. AUTOPSY? (Yes or obout 21C. WHERE Die bidg., INJURY OCCL	or No) 208, IF YE:	S, WERE FI ING CAU n Boltimare		
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NOOILA TICOLOGIA STATE OF THE S	This does not meen the eart foilure, osthenio, entrolled to the eart foilure, osthenio, entrolled to the eart foilure, osthenio, entrolled to the eart foilure of the	he mode of the mod	the discose, death.) ony, giving slating the statement of the terminal to the terminal to the terminal to the terminal to the terminal to the terminal to the terminal to the terminal	(B)	ON URY (e.g., in street, office) RRED Not While At Work	20A. AUTOPSY? (Yes bldg., INJURY OCCL	or No) 208. IF YE IN CERTIFY OF IN JR? (If In Jury Occur	S, WERE FI YING CAU n Boltimare	City, give e	xoci lacotlan)
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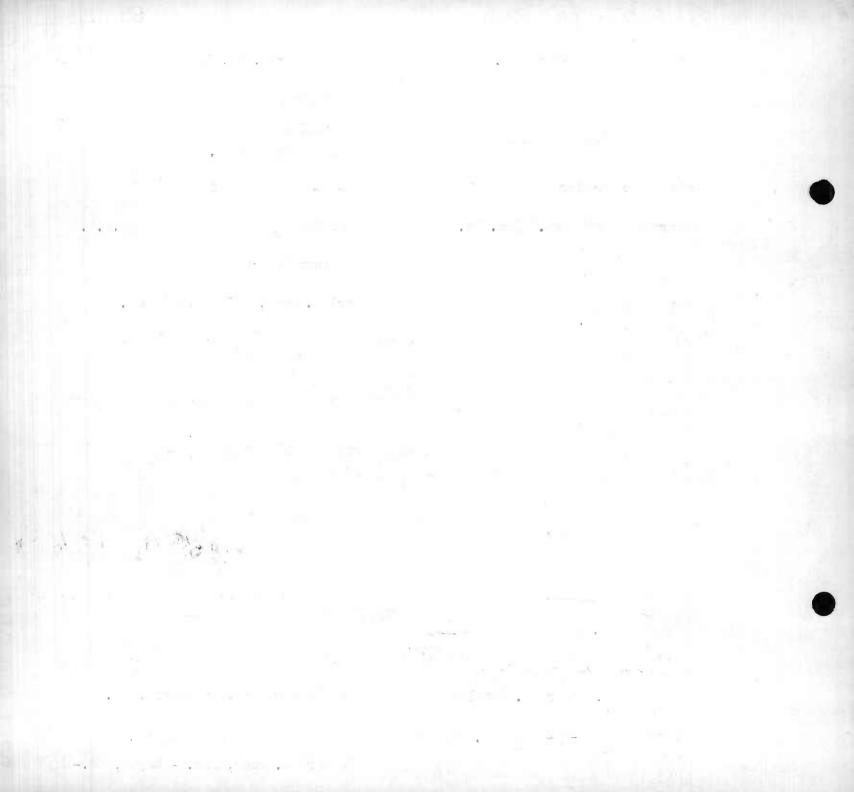
Leonard J Ruck Inc. Balto. Md. 21214

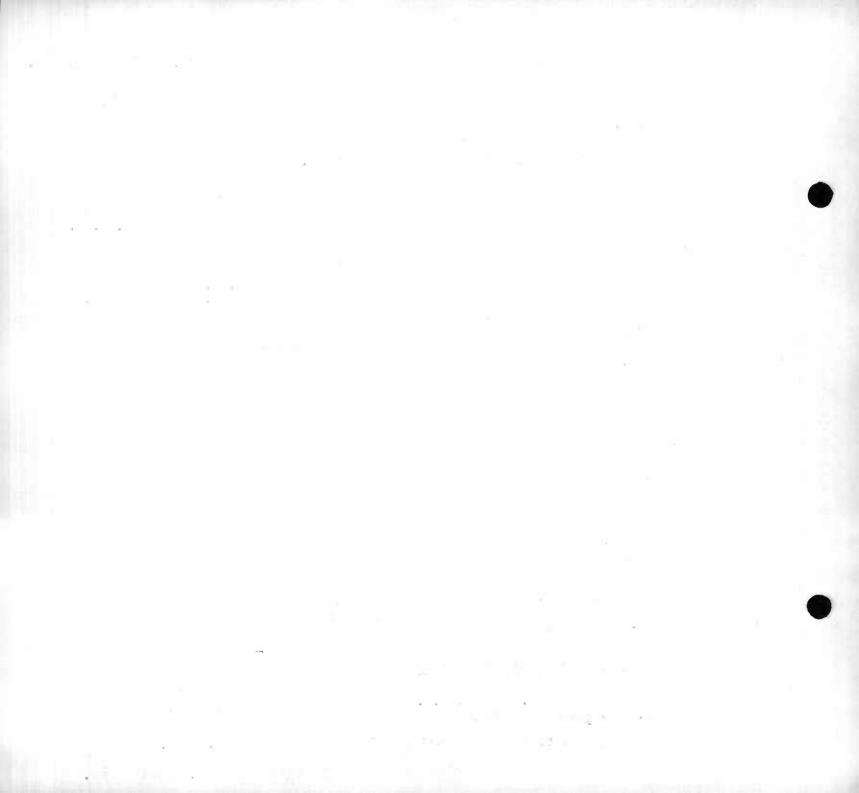


0	V 1/2 60 0965	REG. NO. 69 926
BI	CERTIFICA	ATE OF DEATH
1, 1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Ту	pe or Print) Lottie H. Trichard son (Ko	ohlhepp) 9-15-69 8:30 9
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admiss. A, STATE B. COUNTY
81	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland respondence 70:
н	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
		Baltimore YES NO
1	Johns Hopkins Hospital	E. STREET AND NUMBER
-	3	533 N huzerne Ave
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	ADT 1 P BIRTH 9. AGE (la yeors If Under 1 Yr. If Under 24 Months Doys Hours N
	7k F W. WIDOWED ☑ DIVORCED □	xx- 9, 93, 76
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU
	ne during most of working life, even if retired)	Maryland USA
12	Louse wite	14. MOTHER'S MAIDEN NAME
	John W. Bozman	Elizabeth Smith
15. (Y)	Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	THE CONTRACT
	No. 217-01-2567A	Mr. Charles Kohlhepp, Lutherville, Md.
-	18. / / A O 1 CAUSE OF DEAT	TH APPROXIMATE INTE
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. (C)	S A CONSEQUENCE OF:
2	III	
ATION	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	id Voluntaris for Perforation Idax
121:	2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CEPTIFIC	WAS PERFORMED	120
	OP CONTRIBUTING CALISE OF home, form, foctory, street, o	in or obout 21C. WHERE DID (If in Baltimore City, give exoct location) office bldg., INJURY OCCUR?
I V	DEATH (notify medical examiner) etc.)	
MEDIC		21 F. HOW DID INJURY OCCUR?
W	OF INJURY While At Not Whi (APPROX.) Not Whi At Work	
	22. I certify that (I) (this haspital) attended the deceased from	
	C	
	that (I) (we) last saw the deceased alive an	19 6 9 and that in (my) (aur) apinion death accurred on the
	and haur and from the causes stated above. (#) (We) (did) (did not)	view the body after death.
	23A. SIGNATURE	tending Med. Staff
	Janad C Warm M. DEGREE Phy	ys. Director Phys. Phys. 9713-69
41	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	Ronald C. Elkins M.D.	The Johns Hopkins Hospital
24	Ronald C. Elkins, M.D. DEGREE 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	E
24	RONAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMETERY OF CREME	REMATORY 24D. LOCATION (City, town, or county) (S
	Ronald C. Elkins, M.D. AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR Burial 9/18/69. Baltimore Cemeters AA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	REMATORY 24D. LOCATION (City, town, or county) Baltimore, Md. ADDRESS.
	Ronald C. Elkins, M.D. AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR Burial 9/18/69. Baltimore Cemeters AA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	REMATORY 24D. LOCATION (City, fown, or county) Baltimore, Md.
	Ronald C. Elkins, M.D. AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMETERY OF CR	PERMATORY 24D. LOCATION (City, town, or county) Baltimore, Md. 25C. FLINERAL DIRECTOR ADDRESS.

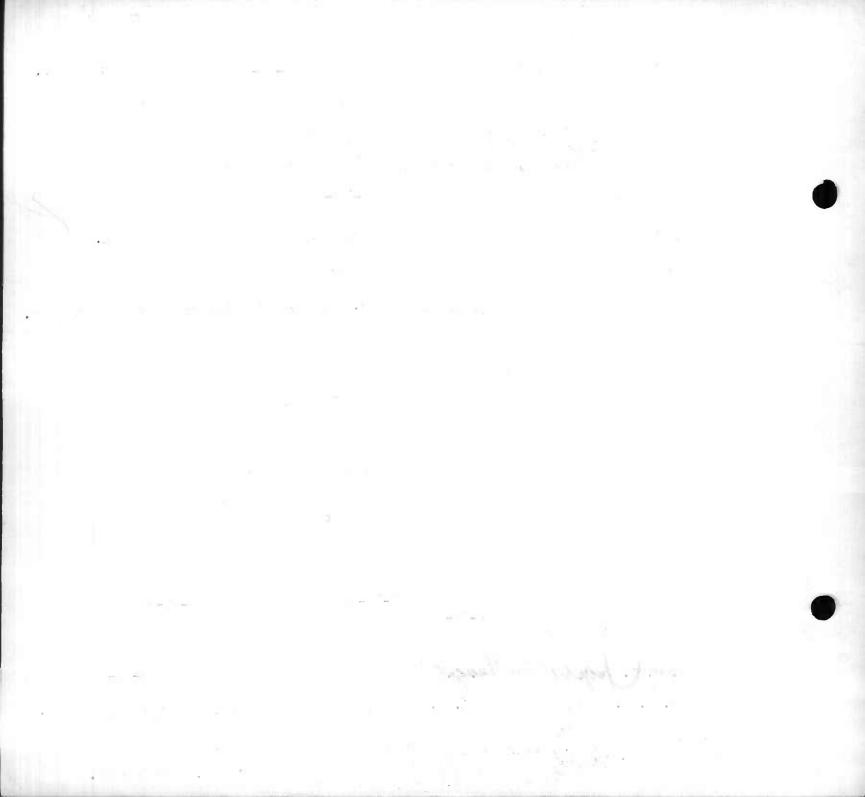


VS 150-REV. 1/1/6B





VS 150-REV. 1/1/68



C-416

69 9269 MEDICAL EXAMINER'S CERTIFICATE OF [DEATH REG. NO	69 9269
1. NAME OF DECEASED 2. DATE Known X	Month Doy	Yeor Hour
(Type or Print) WILLIAM COLBERT OF DEATH Estimoted	September 17,	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where december 1)	September 17,	
1911 Orleans Street A. STATE Maryland	B. COUNTY	604
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
Male Negro WIDOWED□ DIVORCED□ Baltimore	YES	s No D
9. DATE OF BIRTH 10. AGE (In years lost birthda) 10. AGE (In years Months, Doys Hours Min. 1911 Or lear	ns Street	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	13 DELEGE	
Virginia WHAT COUNTRY? James Colbert		
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME		
Steel Worker Bethlehem Steel Martha Hamlin		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT		DRESS
(Yes, no or unknown) (If yes, give wor or doles of service) No SECURITY NO. 220-05-8560 Mrs. Lottie	Colhent 19	11 Orlean St.
19. / CAUSE OF DEATH	0010010 13	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovas	cular disease	BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:		7 0 0 7 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused de oth.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) DUE TO, OR AS A CONSEQUENCE OF:		
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED		\$\tau_1, \tau_2, \tau_3, \tau_4, \tau_6, \tau_
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED		21. AUTOPSY? (Yes or No)
		NT -
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or obout 22C, WHERE DID (If	in Boltimore City, give exoc	l No
UNDERLYING OR CONTRIB. home, farm, foctory, street, office bldg., etc.) INJURY OCCUR?		
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY (APPROX.) WHILE AT NOT WHILE AT WORK	RY OCCUR?	
23.		
	s bosis, death in my o	•
resulted from: Notural couses X Accident Suicide Homicide U	ndetermined monner	
CHIEF MEDICAL EX.	AMINER	DATE CICNED
SIGNATURE ASSISTANT MEDICAL EX	AMINER X	DATE SIGNED
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EX.	AMINER Sept	tember 18, 1969
	OCATION (City, town,	or county) (Stote)
	to., Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR		DORESS
SEP 19 1969 Paber E. Jaber M. D. Wm C March	OOO E No	nth Ave
VS 151-REV. 1/1/68	928 E. No:	LOTT WAS

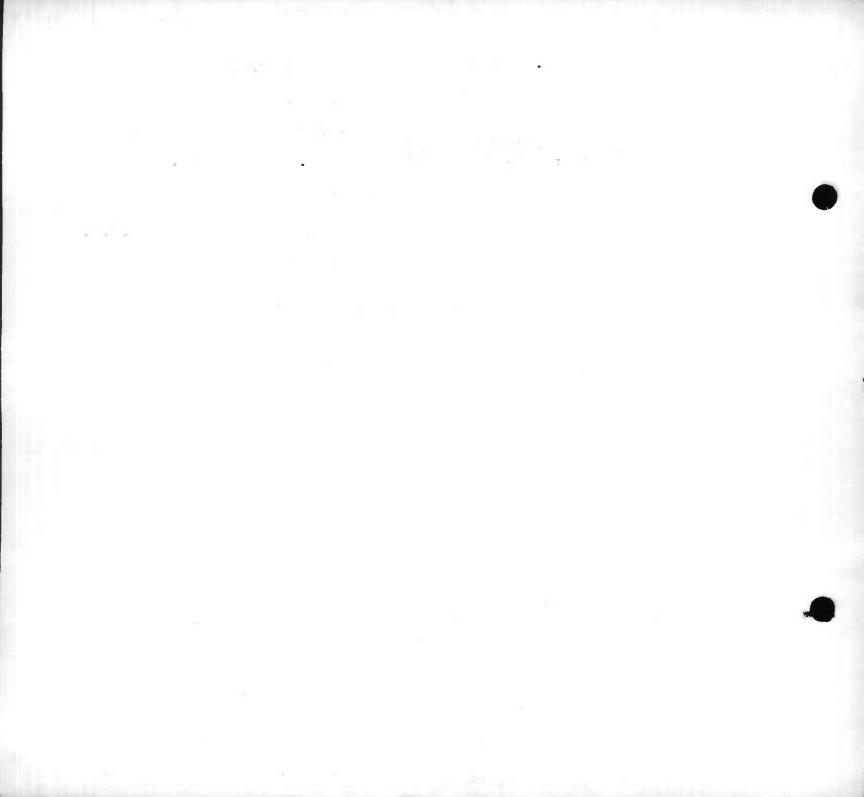
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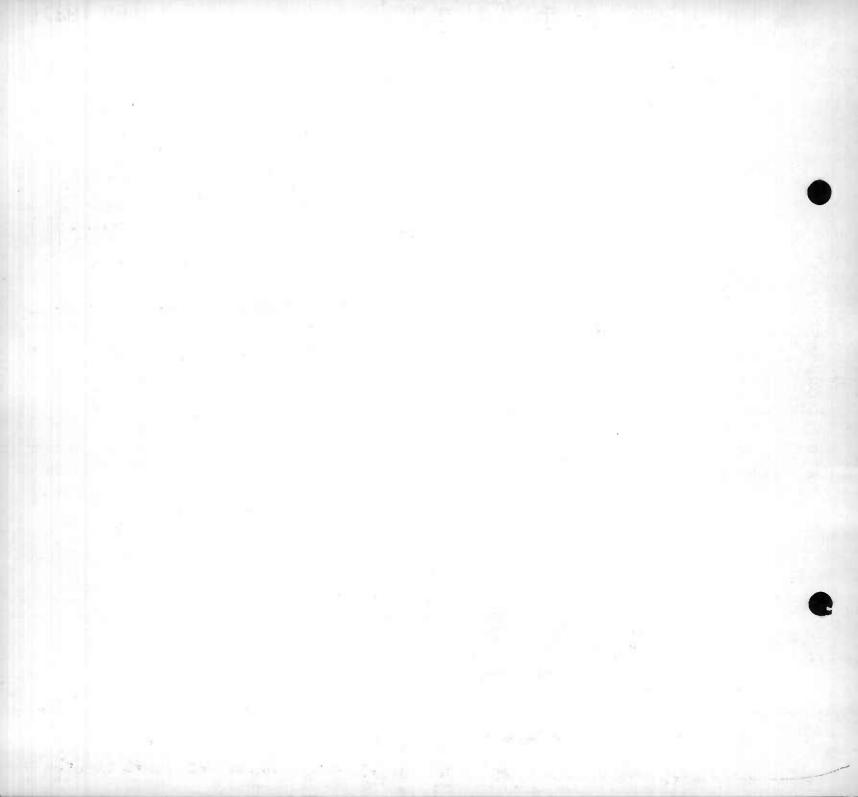
Low Law of the Control of the Contro

	occurred in a hospital and ontributing cause of death ermined cause; (5) Deceased regular attendance on the sased prior to death. Such is made.
	death t or c Undet as in e dec
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7-260 69	מדיניט	Y HEALTH DEPARTMENT		69 9270
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 00,70
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) George P.	Rucker	9/17		· ~ 2
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where		5-25 an
	R INSTITUTION, GIVE STREET	A. STATE & COUNTY	of deceased lived. If ins	stitution: residence before admission
INSTITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
608 North App	leton street	Baltimore		YES 🔼 NO 🗌
		E. STREET AND NUMBER		
Baltimore, Ma	ryland ZIZI/	608 N. App.	leton St.	
5. SEX 6. RACE 7. AA	ARRIED NEVER MARRIED		. AGE (In years	If Under 1 Yr., If Under 24 Hrs
Mare Colored Mil	DOWED DIVORCED TO	12-25-1923	osi pithidak)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTR
done during most of working life, even if refired) Waiter		Chandler, Oklah	oma	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	I.E	
Ethell ^R ucker		Julia Plant		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (III yes, give wor or dotes of a	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	\$50-14-0238	Clyde "ucker -	4907 Pilgr:	im Road
18.	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OF COMPUTION PLANS				BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTI	- A §	011.		- /
(This does not meen the mode of dyin	(A) IMMEDIATE CA	USE (exchine Vasculae	Accident	T- hour
I heart failure, asthenia, etc. It means the	isense	A CONSEQUENCE OF:		
injury or complication which caused deat		,		
ANTECEDENT CAUSES	Z Hung	tem		11 0000
	(8) 7996	a /ensim		4 grist
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove cause (A) stoling UNDERLYING CONDITION tost.	The state of the s			
ONDERLING CONDITION JOSE	(c)	*******************************	******************	
- 11	Uer			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A	MINAC			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OF OPERATION 178. CONDITION WAS PERFORMED TO THE DEATH OF THE	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
21A ACCIDENT WAS INDESTRUCT	218 91 408 08 11111111			
21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	flice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoci locotion)
21D-TIME (Month) (Doy) (Year) (Ho	10 21E INJURY OCCURRED	21F. HOW DID INJU	** 0.000	
S OL MARKE			RT OCCUR?	
(APPROX)	While At Work At Work	• 🗌		
22. I certify that (I) (this lospital) atte			10 8.11	17 10 (4
		pri 5 19	69 to Supt	17 19 9
that (1) (we) last saw the deceased all	ve an ## [M] 14	19 69 and that	in (my)- (our) apin	an death occurred an the date
and hour and from the causes stated al				
23A. SIGNATURE	17 (10) (010) (010-1101)	the body diter death.		OOR DATE CICALE
10017	Au-			23B. DATE SIGNED
1. Nauson	MA DEGREE Phy	mding Med. S	talf hys.	Fept 18, 1969
23C. PHYSICIAN'S NAME (Type) Charles R. T	1		, NORTH AV	
Uriagnies IVI	Quidson MD DEGREE	Salti	more Md.	21217
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRI	MATORY 24D. LO		, town, or county) (State)
Burial 9-20-69	Mt. Auburn	G 11 24	timore, Mary	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
String Pare Ja	0. 4-6	Charles R. La	w 802 Madi:	
The state of the s	Dey K. B.			
NINDERFY. 171768				



0	BALTIMORE CIT	Y HEALTH DEPARTMENT		69 9271	
97-240 69 9275	L CERTIFICA	ATE OF DEATH	REG. NO	03 32/1	_
I. NAME OF DECEASED	4.51	2. DATE AN	D HOUR OF DEATH		
(Typepr Print) VFD72072	T	9-1-	1.69	11175P	Μ.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence before admiss	ian)
or read the second of the seco	. KONTO ON OLD OLIVO	A. STATE B. COUN	TY	11	
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland		1605	
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
INSTITUTION		RATTION		YES NO	
/// Lutheran Hospi	tal	E. STREET AND NUMBER		1132	_
46	Cul	E. SIREET AND INOMBER	1 07	-	
10		1229 DENIA	10ch, 51		
SEX 6. RACE 7. MA	ARRIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours: Mi	
	OWED DIVORCED	2/10/17	lost birthday	Months Doys Hours Mi	10
VIALE		10/18/13	25	110 017-7-1 07-1111-7-10111	IZOVO
DA. USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUN	HKT?
11: 7	Enn. L. MARTIN	Baltimore, Ma	ryland	U.S.A.	
MAIN ENANCE	ETT 11. L. MARIO	24 4407115845 44418541 444	4.5		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	VI E		
Abraham Russell		Ruby ?			
	11 / 50 5141	17. INFORMANT		ADDRESS	
5. Was Deceased Ever in U. S. Armed Forces? (es,na arunknawn) (If yes, give war or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No		Virginia Puggal	1 _ 1220 M	Bentalon St	
	CAUSE OF DEA	Virginia Russel	1 - 1447 N.	APPROXIMATE INTERV	AL
18.436141	CAUSE OF DEA	III.		BETWEEN ONSET AND DE	
DISEASE OR CONDITION DIRECTL	Υ	0.0		5	
LEADING TO DEATH	(A)IMMEDIATE CA	AUSE Cardiolos SA CONSEQUENCE OF:	nhivatar	ME	
(This does not mean the made of dying	, e.g., DUF TO OR A	S A CONSEQUENCE OF:			
heart failure, asthenia, etc. It means the d	130030,		1	0	
injury ar complication which caused death					
ANTECEDENT CAUSES	103	C.V.A.			
DISEASES OR CONDITIONS, if any,	(B)	AS A CONSEQUENCE OF:			1001
rise to the above cause (A) stating	5 5				
UNDERLYING CONDITION last,	(c)				
Z					
OTHER SIGNIFICANT CONDITIONS CONTRIBI TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (4)					
19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED	
WAS PERFORME	ED .	yes	IN CERBFIING C	AUSES OF DEATH:	
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIBY (e.g.	, in or obout 21C/ WHERE DID	(If in Baltime	are City, give exact lacation)	
, OR CONTRIBUTING CAUSE OF	hame, form, factory, street,	affice bldg., INJURY OCCUR?	to in sound	Sity, give exact location,	
DEATH (notify medical examiner)	etc.)				
O 21D-TIME (Month) (Doy) (Year) (Hou	at) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?		
21D.TIME (Month) (Doy) (Year) (Hou					
(APPROX.)	While At Work At Wo				
		0 12 10		17. 69 10	
22. I certify that (1) (this haspital) atte	/		19 <u>ta 9.</u>	17: 09. 19	P
that (1) (we) last saw the deceased ali-	ve an 9.17.6	9 and th	at in (my) (aur) as	inian death occurred an the	date
and haur and from the causes stated ab	pave. (1) (We) (did) (did hat)	view the bady after death.			
23A. SIGNATURE			T 6	23B, DATE SIGNED	
or, N	To la ca. A	ttending Med.	Staff		
Sum !	DEGREE P	hys. Director L	Phys.		
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
700000 1	lenas	16/0 / 11/h exa.	Unihila	P	
LAHEER HH	MAD KHAY GEGR	EE CONCETOU	م الرامام		
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or C	CREMATORY 24D. L	OCATION (City, town, or county) (Sto	e)
	Et. Auburn Cem	etery	Baltimos	e Maryland	
				e, Maryland	
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
SEP 1 9 1969 Cale & E. J	aber 40	Charles R.	Law 802 Ma	dison Avenue	
/S 150-REV. 1/1/6B		010 2 5 7	•		



MPORTANI

DIRECTOR:

NO I

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

ADDRESS

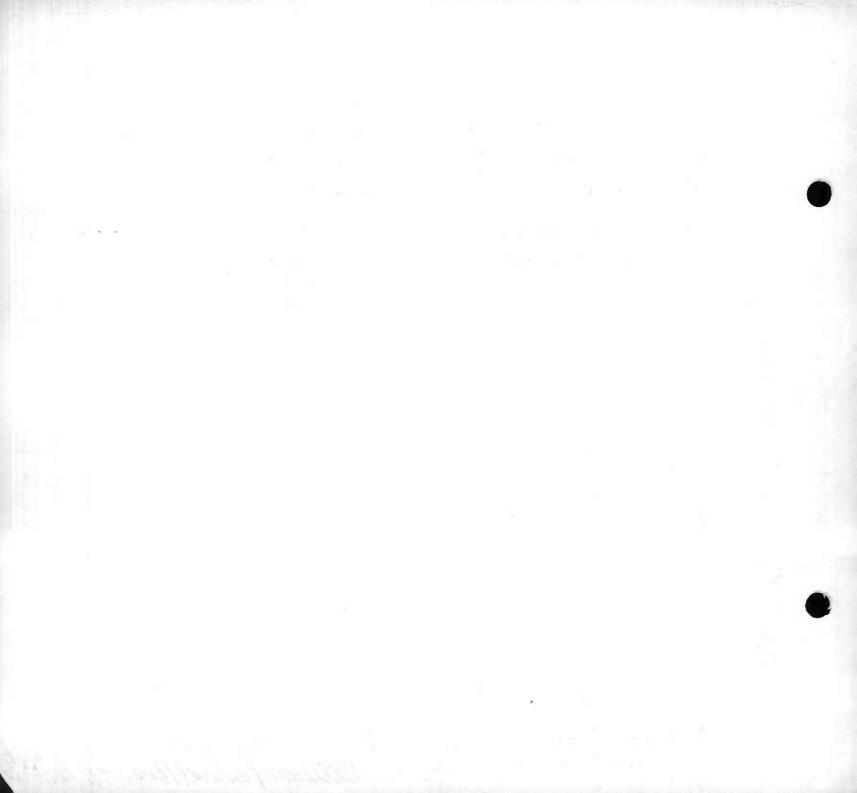
If Under 24 Hrs. Hours i Min.



IMPORTANT

DIRECTOR:

FUNERAL



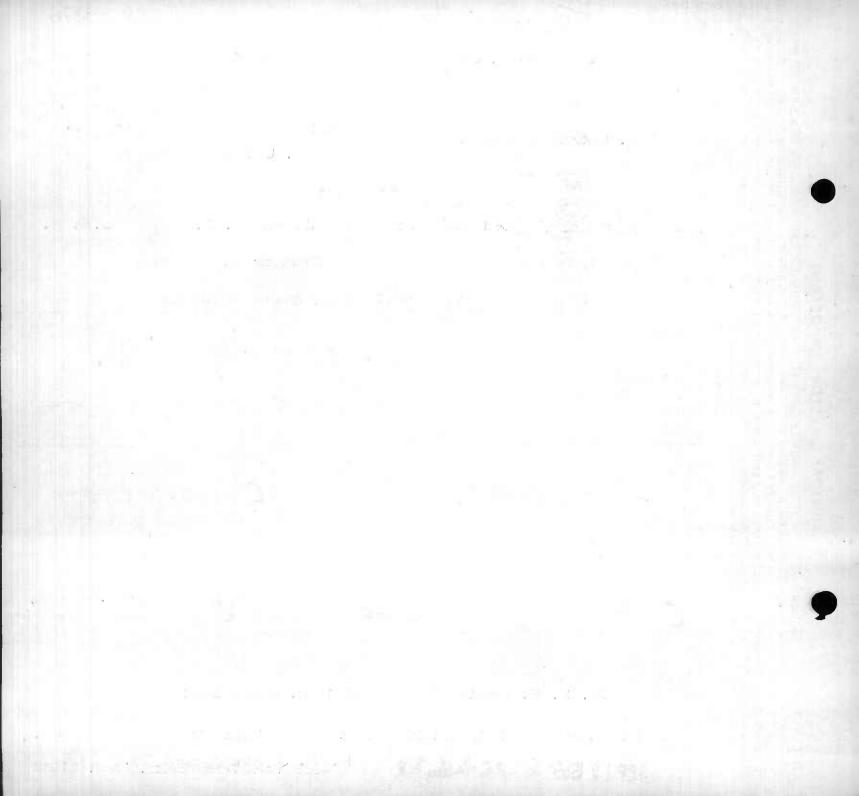
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69 9274 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 9274
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy	Yeor Hour
JUSEPH SAVAGE	DEATH Estimated L	Yeor Haur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	September 16, 19 5. USUAL RESIDENCE (Where deceased lived. If institution: r	
,//	A. STATE B. COUNTY	1/ 50
6. SEX 17. RACE 18. MARRIED TO NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CITY	LIMITS?
MARKIED LINEVER MARKIED L		
Male Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs		U NO U
lost birthdoy) Manths ; Days ; Hours ; Min		
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	751 Edgewood	
WHAT COUNTRY?	1 1 0	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI	RY 15 MOTHER'S MAIDEN NAME	
done during most of working life, even ifretired)	V	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	TISTURE BLOWN	RESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		
19. CAUSE OF DE	ATH	APPROXIMATE INTERVAL
5 9 T 1		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	enous narcotism	
(A)IMMEDIATE	CAUSE R AS A CONSEQUENCE OF:	
heort failure, osthenio, etc. It meons the diseose, injury ar camplication which coused death.)		
ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IS ANY CIVING	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	and his office of the second o	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	MAS DEDECTIONS	21. AUTOPSY? (Yes or No)
208. CONDITION FOR WHICH OPERATION V	WAS PERFORMED	
	g., in ar obaut 22C. WHERE DID (If in Boltimore City, give exact	yes
UNDERLYING OR CONTRIB- hame, form, foctory, street, off	fice bldg., etc.) INJURY OCCUR?	rocanon)
TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NO	OT WHILE C	
m. WORK AT	WORK	
	and that an this basis, death in my o	pinion
	ide Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL MALL MALL	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	ASSOCIATE MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINATION	9/17/69
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town,	or county) (Stote)
REMOVAL (Specify) 9-22-69 Ind Outle	Baog Lind	/
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADI	DRESS
CED 1 9 1989 Par 88 Jale 20	1 1010h 1 01 27000	
5 FL T 4 1909 1 4000 of 1 111000	1. Moneoright & 1008	gille.
VS 151-REV. 1/1/6B : * *	000601	

and the state of t

5-00-891						BALTIMORE C	TY HEALT	H DEPARTMENT			
death death seased n the Such	BIRT	H NO.		69	927.	passer .		OF DEATH	REG. NO	69	9275
Decease e on th ath. Suc	(Тур	ME OF DEC	ELIZAB	ETH	KIESLI	IZABETH KIE		9-1	ND HOUR OF DEAT		1:45 AM
	3. P	LACE IN BAI	TIMORE, MAR	YLAND, W	HERE PRONO	UNCED DEAD	4. USL A. STA	JAL RESIDENCE (Whe	re deceased lived. If	institution: res	sidence before odmission)
	FUL	L NAME OF	(IF NOT	IN HOSPIT	AL OR INSTITE	UTION, GIVE STREET		ryland		2	610
	IN S	NOITUTION	Baltimo					ORTOWN ltimore	D. 11	ISIDE CITY LIA	
		21	4940 Ea					EET AND NUMBER		YES X	NO 🗌
			Baltimo	re,Mar	ryland	21224		08 North Bo	uldin Stree	et 2]	1224
	5. SI	x emale	6. RACE Whi	te	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	7 /	OF BIRTH -12-1907	9. AGE (in years last birthday)	if Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
	IOA.	USUAL OCC	JPATION (Give	kind of work	108 KIND OF	BUSINESS OR INDUST	RY 11. BIRT	HPLACE (Stote or fore	ign country)	12. CITIZI	EN OF WHAT COUNTRY
	20114	- String most of		. a re-med)	1		Mai	cyland			U.S.A.
	13. F	ATHER'S NA					14. MO	THER'S MAIDEN NA	ME		~
				ohn Sm					Mary	C. Scho	orr
l	15. W (Yes,	as Docoased	Ever in U. S.	Armed Fore	ces? s of service)	SECURITY NO.	17. INFO	DRMANT			ADDRESS
						214-20-6301	Rear	ords:BCH-494	40 Eastern	Avenue	21224
ľ	1	8.300	5,41			CAUSE OF DE					APPROXIMATE INTERVAL
		DISEAS	LEADING TO	TION DIR	RECTLY		_	2			ETWEEN ONSET AND DEATH
		This daes n	of mean the	mode of	dying, e.o	(A) IMMEDIATE C	AUSE K	ESPIRATOR	LY ARRES	7	***************************************
		neart tailure,	asthenia, etc. plicatian which	II means	the disease,	DUE 10, OR A	a conse	QUENCE OF:			
			ANTECEDENT							- 1	
	1	DISEASES C	R CONDITIO	ons, it o	any, giving	(B) DUE TO, OR	S A CONS	EQUENCE OF:			
	1	ise la lhe	abave car	use (A)	slaling the						
			11	. 14.044		(c)			***************************************		
	ATION	THER SIGNIF	ICANT CONDIT	IONS CON	NTRIBUTING	D	، تدر				7.
		ISEASE OR C	H BUT NOT REL	EN IN PART	[1 (A).			C MALNU			LYFARS
-	ERTIFIC	A DATE OF	OPEKATION	WAS PERF	ORMED	HICH OPERATION	20 A.	AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS C	CONSIDERED EATH? YES
	0 12	A ACCIDEN	T WAS UND	RLYING	21B.	PLACE OF INJURY (e.g., form, factory, street,				are City, give	1,55
	N C	K CONTRIBU	TING CAUS	E OF	hame otc.)	e, form, factory, street,	alfice bldg.	INJURY OCCUR?	Pr in Comm	T. O. MILLS BILLS	ener to conver
7000	<u> </u>	D. TIME	(Manthl (Do)	(Yeorl	(Haud) 21 E.	INJURY OCCURRED		21 F. HOW DID INJ	URY OCCUR?		
	2	APPROX.)			While	e At Wa	ile 🔲				
	2	2. I certify	that (1) (this	hospital)	1141	e deceased fram		-30- 1	9 69 ta 9-	18-	1969
			last saw the			A = 40		60			accurred on the date
	- 1					(We) (dtd) (dtd nat)			(// (// d)	un uwujii	dil life dale
		ACSIGNATU	RE /		-			/		238. DATE	SIGNED
		/	chD	m	Eluc	DEGREE PI	ending [Med.	Staff Phys.		18/69
	2	MAME (T	N°S (pe)			DEGREE	23D. ADD	RESS			-/-(
			Jac	k D.		DEGRE	4940	Eastern Av	re City Hos renue.Balti	pitals more.Ma	aryland 21224
	24A.	REMOVAL (S		DATE		ME of CEMETERY of C	REMATORY	24D. LC	CATION (City, lown, or	county) (Stote)
	В	urial	9	-20-19		wartz		Ba	ltimore, Ma	aryland	
	25A.	_	ED 1 0		25B NAME O			FUNERAL DIRECTOR	on The 30	207-07 1	ADDRESS
	/S 14	0-REV. 1/1/6		363 (when E.	Jaken Hd.	, L	illy & Zeil	er TUG • T	\OT_0\ 1	Eastern Ave.
¥	J 13	U-NE Vo 1/1/0	0			/ ************************************	1 1				

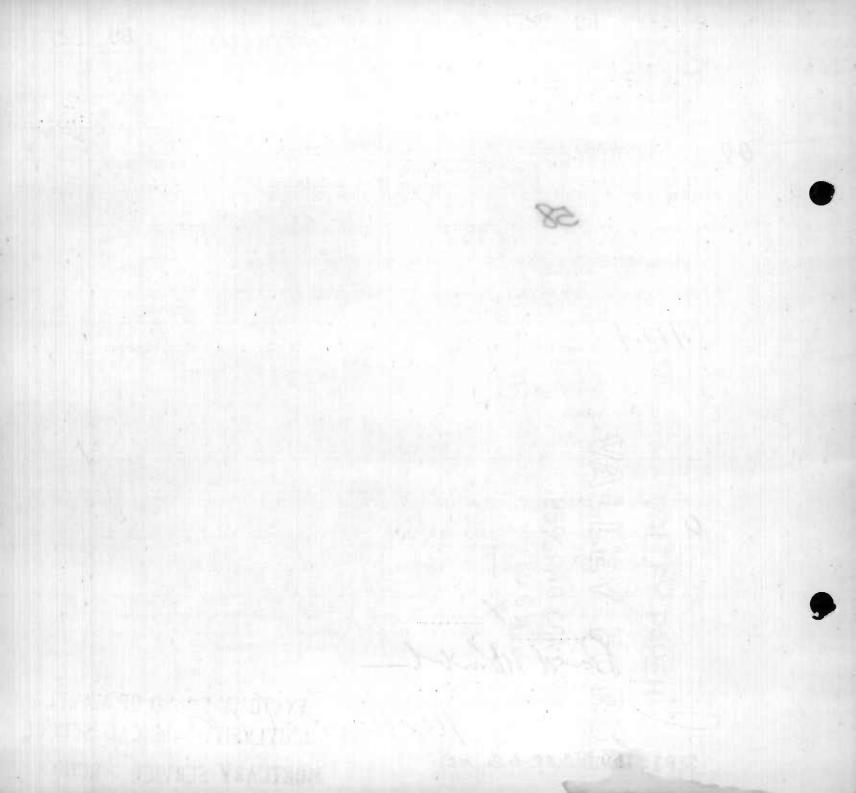




VS 151-REV. 1/1/68

Pober E Jarber M.D.

MORTUARY SERVICE - BCHD



25A. DATE REC'D BY HEALTH DEPT. Robert E. Farber M.D. VS 151-REV, 1/1/68

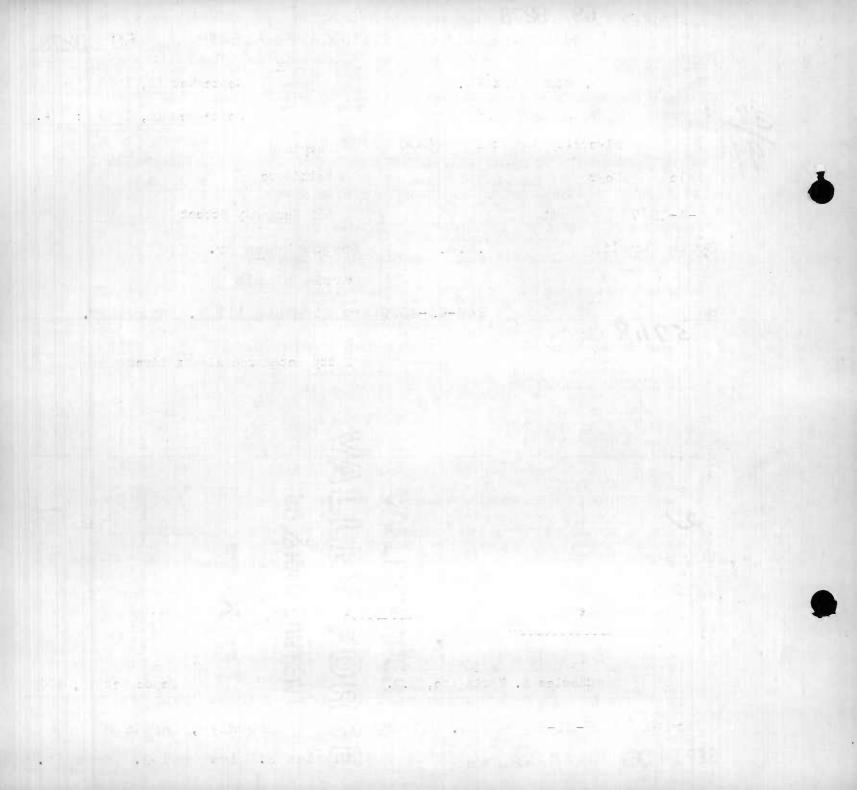
25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

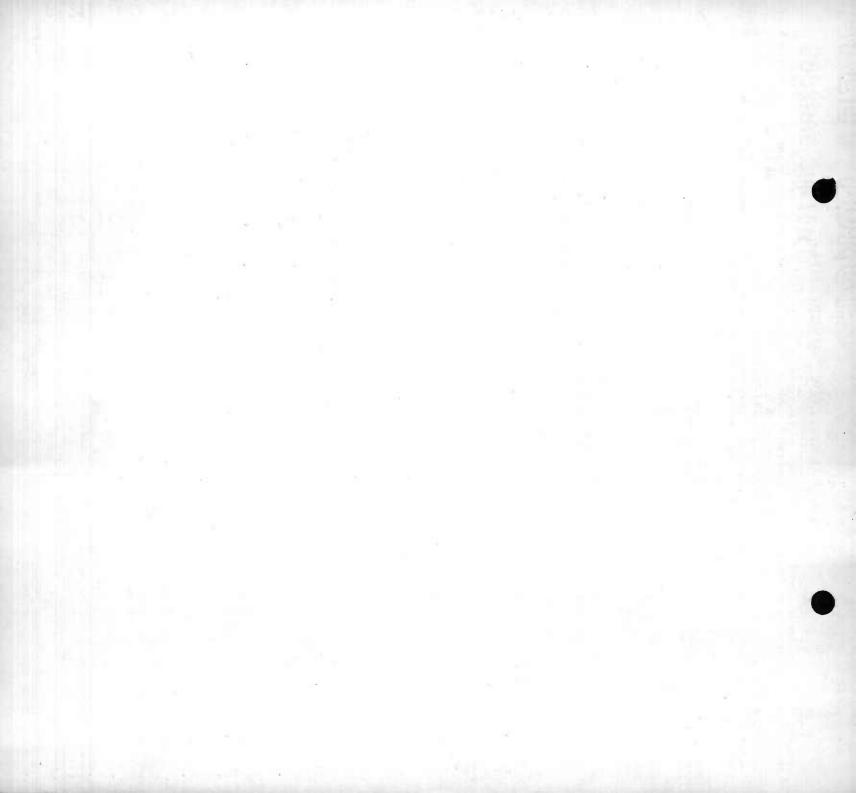
661 W. Barre St.

ADDRESS

Charles A. Rice



USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS YES NO If Under 1 Yr. If Under 24 Hrs. Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) ond that in (my) (our) apinian death accurred on the date 23 B. DATE SIGNED was D.O.A deceased shows: (1) (City, town, or county) Baltimore VS 150-REV. 1/1/6B



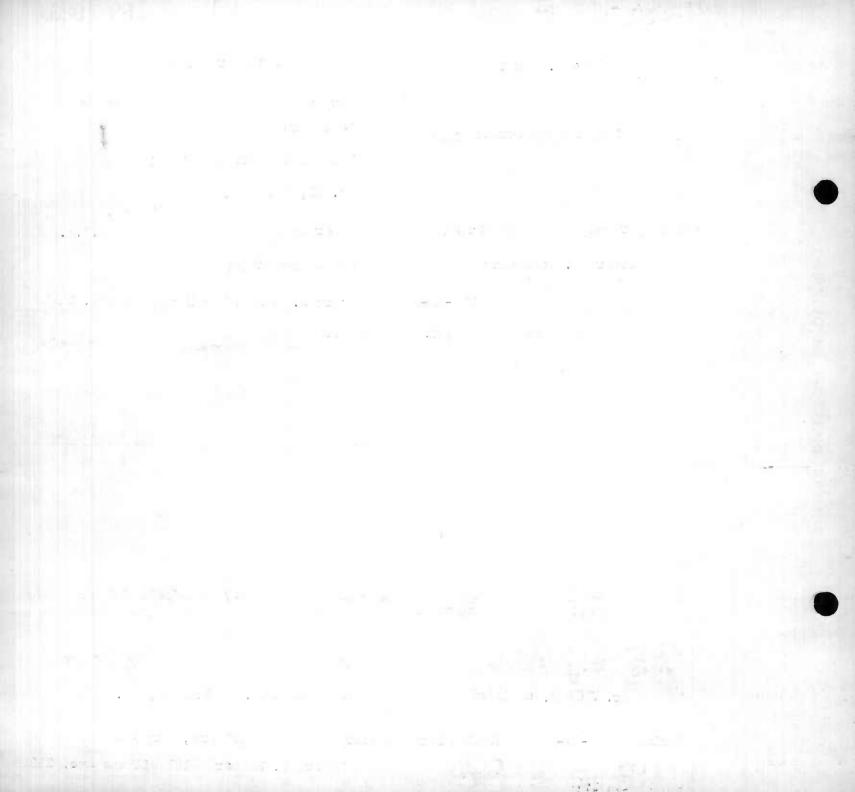
IMPORTANT

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Democ-1 71 11-		*****		
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No	220-18-3908	Robert C. Harden	206 Ingel	side Ave. 21228
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WAS PERFORME		Dea	TO CERTIFIING CAU	JLJ OF DEATH:
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Baltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	office bldg., INJURY OCCUR?		
DEATH (notily medical examiner)	GICa7			
21D. TIME (Month) (Doy) (Year) (House	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Not Whi			
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that (I) (we) lost sow the deceased aliv	e on September 1	3 1969 and that	in (my) (our) onlyi	ion deoth occurred on the do
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and hour and from the causes stated ob	ove. (1) (We) (did) (did not)	view the body ofter deoth.		
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frem . Cotte	DE GREE Phy		ys. 🗀	1, 101
23C. #HYSICIAN'S NAME (Type)		23D. ADDRESS	D - 1 0 1	3/4 01000
Dr. John F. Coo		Beechfield Ave.	Baltimore	, Md. 21229
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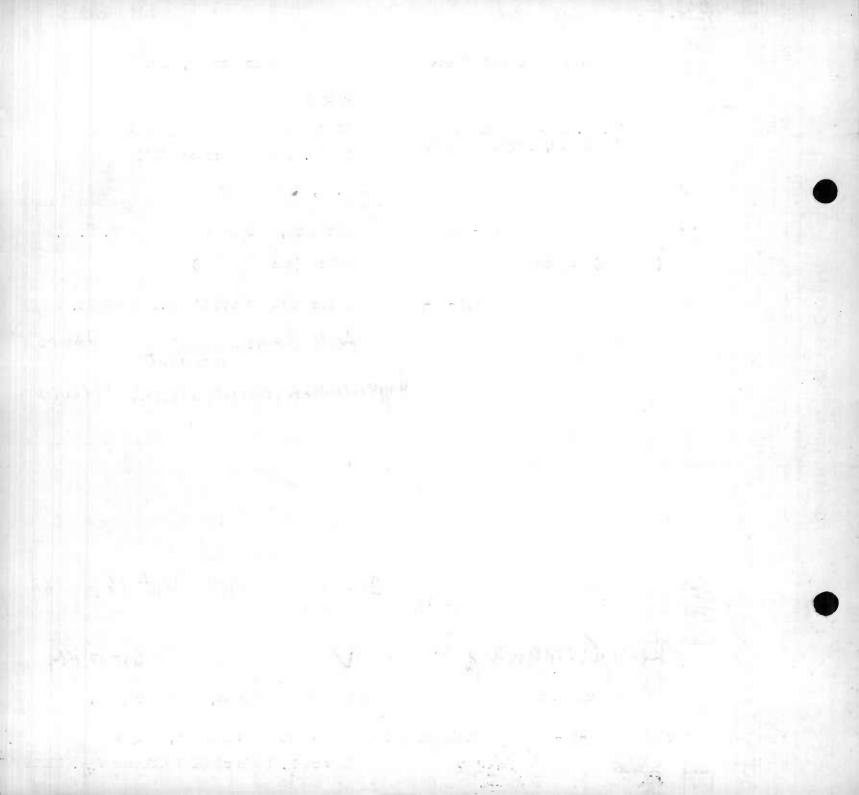


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

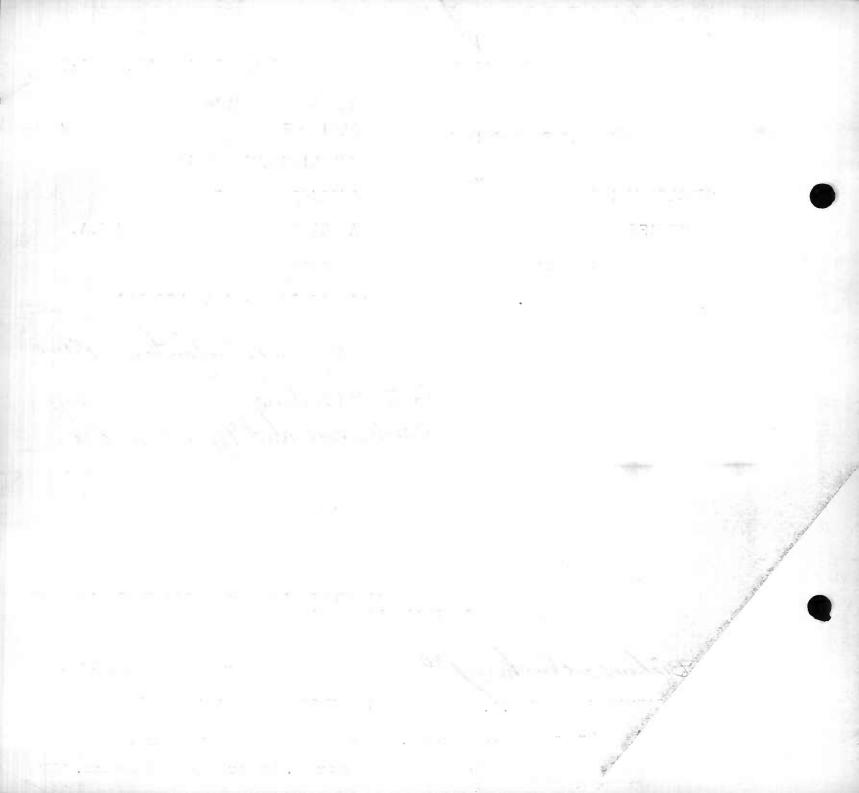
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

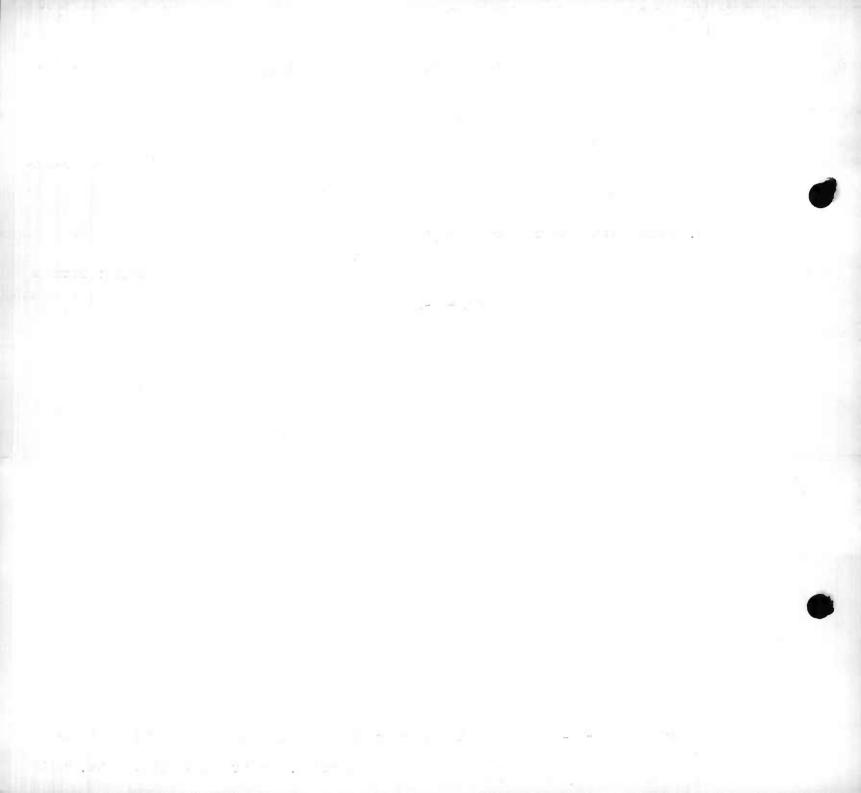
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Lena Henrietta Goetz Lena Henrietta Goetz		FASED				D HOUR OF DEAT	H
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Housewife Home making Baltimore, Maryland U. S. A. 3. FATHER'S NAME (Unknown) Ogden 5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (III yes, give wor or doles of service) 5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (III yes, give wor or doles of service) NO 18. January 17. INFORMANT SECURITY NO. 212-18-2833 Hector Riley Goetz 221 S. Pulaski St. 2. CAUSE OF DEATH (Ihis does not meen the mode of dying, e.g., heard failure, osthenic, etc., II means the disease, injury or complication which caused death, injury or complication which caused death, injury or complication which caused death, and the obove couse (A) sloting the UNDERLYING CONDITION last. (G) OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE TERMINAL DISEASE OF CONDITION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONDITION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONDITION) OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE TERMINAL DISEASE OF CONDITION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONDITION) OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE TERMINAL DISEASE OF CONDITION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONDITION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONDITION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONDITION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONDITION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONDITION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONDITION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONTRIBUTING TO THE TERMINAL DISEASE OF CONTRIBUTION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONTRIBUTION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONTRIBUTION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONTRIBUTION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONTRIBUTION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONTRIBUTION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONTRIBUTION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONTRIBUTION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONTRIBUTION (IVEN IN PART I OF THE TERMINAL DISEASE OF CONTRIBUTION (IVEN IN PART I OF TH				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTE
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19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? DEATH (notify medical examiner) 21B. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work 21F. HOW DID INJURY OCCUR? 22. 1 certify that (I) (this hospital) attended the deceased from 19	DISEASES O	OR CONDITIONS, if e obove couse (A G CONDITION last.	any, giv) stoting	the (C)	A CONSEQUENCE OF:	tenisole	mo years
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF Contribution Cont		OPERATION 198. CO	NDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work Not While A	OR CONTRIBLE DEATH (notify	ITING CAUSE OF		home, form, foctory, street, c	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)
While At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Phys. Attending Phys. Attending Phys. Attending Phys. Director Phys.	21D. TIME	(Month) (Doy) (Yeo	r) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
22. 1 certify that (I) (this haspital) attended the deceased from 19 that (I) (we) lost sow the deceased alive on 19 ond that in (my) (our) apinion death occurred on and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Phys. Attending Phys. Attending Phys. Attending Phys. Attending Phys. Attending Phys. Director Phys.	2 01 11430KI						. 1
that (I) (we) lost sow the deceased alive on Sept. 16 19 69 and that in (my) (our) opinion death occurred on and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending Phys. Attending Phys. Attending Phys. Attending Phys. Attending Phys. Director Shaff Phys.	(ATTROX)			Work At Work	Dea 11	1052 5	est 6 66
ond hour and from the couses stoted above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Shaff Phys. Sept. 17, 196-	22. 1 certify	that (1) (this hospite	ol) ottende	ed the deceased from	1	9 10 10	1909
23A. SIGNATURE Attending Phys. Attending Phys. Attending Phys. Attending Phys. Attending Phys. 238. DATE SIGNED Sept. 17, 196-	that (I) (we)	lost sow the deceo	sed olive	on 341.16	19 69 ond the	ot in(my) (our) o	pinion deoth occurred on the do
Attending Phys. Attending Director Phys. Sept. 17, 196	ond hour bno	from the couses st	oted obove	e. (1) (We) (did) (did not)	view the body ofter deoth.		
OCONEC	23A. SION ATU	RE A NIN	101		. /		
OLONEL .	- M	MALINAM	UM	Phy			Sept. 17, 1969
	23C. PHYSICIA	N'S	_	OEGREE ***		,	
Henry Armanas 1934 Wilkens Avenue, Baltimore, Md.	NAME (T		rmanas		103/ Wilkons An	ronuo Pal+	imana Md
DEGREE	AA SUBLAL COS			DEGREE			
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	REMOVAL (Specify) 248. DATE	240	NAME OF CEMETERY OF CR	EMATORT 24D. LC	CATION	(Stote)
Burial 9-19-69 Baltimore National Cemetery Baltimore, Maryland	Burial	9-19-6	59	Baltimore Nati	onal Cemetery	Baltimore.	, Maryland
25C. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens A. e. 2	SA. DATE REC'D	BY HEALTH DEPT.	258 NA	AE OF REGISTRAR			ADDRESS



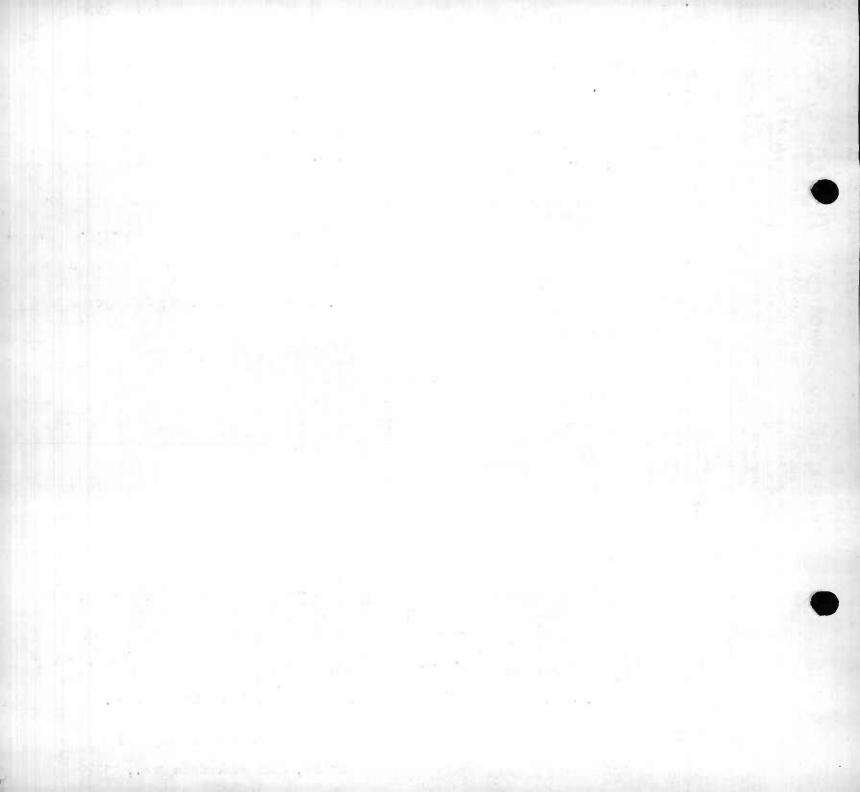
	R-26	0 6	9 9	283		HEALTH DEPARTM		69	9283
	RTH NO.		-		CERTIFICA	TE OF DEA	TH KEG. NO.		UNUU
	NAME OF DEC		ER, C	ARRII	E C.		SEPTEMBER 16	5, 1969	1:20P M
3.	PLACE IN BAL	TIMORE MARYLAN	D, WHER	E PRONOU	NCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived.	tf institution; resid	dence before admission)
FL	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN H	OSPITAL C	OR INSTITU	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTO	INCIDE CIRCUM	5300
	/	ST. A	GNES	HOSP	ΙΤΔΙ	BALTIMORE	E	YES T	NO 🖰
	40	31. A	JILL	17031	ITAL	5552 LINI		7	
5.	SEX	6- RACE	7. N	ARRIED T	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1	Yr If Under 24 Hrs.
	EMALE	WHITE	W	DOWED	DIVORCED	03/15/99	losi birthday)	Months D	oys Hours Min.
do	ne during most of	working life, even if re	tired)	KIND OF	BUSINESS OR INDUSTRY	MARYLAND	e or loreign countryl	1	S.A.
13.	FATHER'S NA	ME				14. MOTHER'S MAID	DEN NAME		
		ES JAMES S	5.6			UNKNO	MM		
15. (Ye	Wos Deceased s, no or unknown NO	Ever in U. S. Arm III yes, give wor o	ed Forces? or dotes of	service)	1 6. SOCIAL SECURITY NO.	ST . AGNES	S HOSPITAL F		DDRESS
	18.5-6	4.91			CAUSE OF DEATH				APPROXIMATE INTERVAL
		LEADING TO DE		LY			1.01	' _ ' BET	WEEN ONSET AND DEATH
	(This does n	ol meen the mod	le of dvin	G. e.g.,	(A) IMMEDIATE CAU		archal intal	rellon	1 Jane
	heort failure.	osthenio, etc. It n plication which co	seans the	dicense	DUE TO, OR AS A	CONSEQUENCE OF:	. 0		
		ANTECEDENT CA		1110	G-T	R Cond		1.	0 /11-
		R CONDITIONS,		giving	DUE TO, OR AS	CONSEQUENCE OF			- days.
	rise to the	obove couse CONDITION las	(A) stati	ing the	(c) Carel	regenie o	and Hypore	Jemus S	bak
_		11				1			part to the territory
NOLL	OTHER SIGNIF	ICANT CONDITIONS	CONTRIB	BUTING					
۹.	DISEASE OR CO	ONDITION GIVEN II	N PART 1 (A	4).	HICH OPERATION	1204	N. V. 200. 40		***************************************
CERTIFIC	0	WAS	S PERFORM	ED Y	HICH OPERATION	NO		RE FINDINGS CO	NSIDERED ATH?
CAL CI	OR CONTRIBU	IT WAS UNDERLY! TING CAUSE OF medical exemined	NG	21 B. F home etc.)	PLACE OF INJURY (e.g., in , form, foctory, street, off	or obout 21 C. WHERE ce bldg., INJURY OC	DID (II in Bolti	more City, give e	xect lecetion)
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Yeorl (Ho	un 21E 1	NJURY OCCURRED		DID INJURY OCCUR?		
2	(APPROX.)			While	Al Work				
	22. I certify	that (1) (this hos	pital) ott	ended the	deceased from S	EPTEMBER	15 19 69 to St	PTEMBER	16 19 69
					SEPTEMBER 1	6 19 69	ond that In (my) (aur)	opinian deoth c	occurred an The date
	ond have and	from the causes	stated o	bave. (1)	(We) (did) (did not) vi	ew the bady after o	death.		
	23A. SIGNATU	RE ,	01		MA	ding Med.		23B, DATE S	
	The state of the s	san -	elwa	hu	DEGREE Phys.	□ Director	Shaff Phys.	09	16 69
	PHYSICIA NAME (T)		A 1 11 457	46/	2	CT MIEC I	HOCD DALTO	MD 21220	
24/	BURIAL CREA	MATION, 248, DAT	AHMY	MUD.	ME OF CEMETERY OF CRE		HOSP; BALTO, 1		
	Buria	pecifyl	0-69		don Park Ceme		Baltimore,	Maryland	
25/	SEP 2	2 1969 (2)	28		REDISTRAR	25C. FUNERAL DI			ADDRESS
VS	150-REV. 1/1/6	8					; ;		



Y-520 69 9284 CEPTIFICA	Y HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 69 9284
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
TYPE OF PRINT YANNUZZI	9/17/69 18:45 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	MARYLAND 2553
UNIVERSITY OF MARYLAND HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Property REDWOOD ST	E. STREET AND NUMBER
BALTIMORE, MARYLAND.	2353 WASHINGTON BLUD 21230
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. 11 Under 24 His. Months; Doys Hours; Min.
MALE White WIDOWED DIVORCED	1//25/83/0/
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or largin country) 12. CITIZEN OF WHAT COUNTRY?
Ret. Sheet Metal Worker Brant Company	ITALY U.S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Maria
MICHAEL YANN BIZZI	ANTOINETTE RANKER Perrone
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 218-10-5432	MARY YANNUZZE BALTO, MD. 2123
18. CAUSE OF DEATH	H APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAU	ISE Advances Debility 2 years
heart failure, osthenia, etc. It means the disease,	A CONSEQUENCE OF:
ANTECEDENT CAUSES METAS	TATIC CARCINOMA OFTONOUS Z GROWS
	A CONSEQUENCE OF:
INDESTRUCTION AND TOUR AND THE	
CHUERLING CONDITION JOSE. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	***************************************
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSYTYOS OF No. 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, all	fice bldg. INJURY OCCUR?
O 21D-TIME (Manih) (Day) (Year) (Hour) 21E INJURY OCCURRED	
While At Not While	21F. HOW DID INJURY OCCURY
TY OIK - AT TY OIK	
22. I certify that (#) (this hospital) attended the deceosed fram that (**) (we) last saw the deceased alive on9 17	15
	The second secon
ond haur and from the causes stated obove. (**) (We) (did) (did.net) vi 23A. SIGNATURE	
1 C + C C n. D. Atter	ading Med. Staff E
23C. PHYSICIAN'S OEGREE Phys.	Director Phys. 1/1/107
CESAR F. CLIMACO M.D.	SOUTH BALTIMORE GENERAL HOSPITT
24A. BURIAL CREMATION, 1248, DATE 124C NAME of CEMETERY OF CREE	BALT (MORE, Md. 2/230 MATORY 24D. LOCATION (City, town, or county) (Stole)
Burial 9-20-69 Meadowridge Memor	
25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
OFD O O 1000 P. R. B. E. Faller M. D.	Howard H. Hubbard 4107 Wilkens Ave. 21229
VE 100 PW TY 1/2	



11		00 000	BALTIMORE CI	TY HEALTH DEPARTMENT		69 9285
	2	69 928	S5 CERTIFIC	ATE OF DEATH	REG. NO	0.000
BIRTH NO. LNAME OF DEC	EASED			2. DATE AN	ND HOUR OF DEATH	
Type or Print)	Valenzis	no, Salvad	Tono	0	/10/69	110:30 P
		LAND, WHERE PRO		4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before admission
				A. STATE B. COUN	NTY	1010
OSPITAL OR	(IF NOT II	N HOSPITAL OR IN	STITUTION, GIVE STREET	c. CITY OR TOWN	In this	SIDE CITY LIMITS?
NSTITUTION					D. IIV	YES NO
, L Bon S	ecours l	Mospital		Baltimore E. STREET AND NUMBER		1E2 K
Balti	Fayette more, Mo	Street		1537 W. Baltime	ore St	
. SEX	6. RACE	7- MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
M	W	WIDOV	VED DIVORCED	2/16/1900	69	
			OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTR
one during most of	working life, even	if retired)		44-7-		TT (N A
retired	145			14. MOTHER'S MAIDEN NA	AAF	U.S.A.
3. FATHER'S NA					IAAF	
oseph Va	Lenziano			DeMarco		
. Wos Deceased	Ever in U. S.	Armed Forces? vor or dotes of servi-	1 6. SOCIAL SECURITY NO.	17. INFORMANT	100000	ADDRESS
Nn	7007 8110 4		JECOKIII NO.	Mrs Tine Pro	scolina 560	5 Johnnycake Road
11B.	ton C.A.		CAUSE OF DEA		COLLEGE , JOE	APPROXIMATE INTERVAL
rise to the	e above car G CONDITION II FICANT CONDIT	use (A) stating lost.	the (c) arter	as a consequence of:	al	2-3 yrs
TO THE DEAT		ATED TO THE TERMINEN IN PART 1 (A).	AAL			
			OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBI	NT WAS UNDI	E OF	21B. PLACE OF tNJURY (e.g. home, farm, factory, street, etc.)	office bldg., 21C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, give exact location)
21 D. TIME OF INJURY	(Month) (Do	y) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY			While At Not W			
20.1	.1 . /15 /.1 :			4-5-69	10 . 6	20-69 10
			ed the deceased fram	15 10/10	.19ta	-20-69 19
that (I) (we)) last saw the	deceased alive	an Type	8 19 69 and th	hat in(my) (aur) a	pfnian death accurred an the do
and haur an	d fram the ca	uses stated abav	e. (1) (We) (did) (did nat) view the bady after death.	910	
23A. SIGNATI	JRE /	. 0	17			23B, DATE SIGNED
()	Kuly, D	Brimo	- 1 dular My	Attending Med. Director	Staff Phys.	9-20-69
23C. PHYSICIA	AN'S	The	DEGREE	23D. ADDRESS		
NAME (1		Robert Tay	lor	Columbia Pike,	Ellicoht C	ity, Md.
AA. RURIAL COR			C. NAME of CEMETERY OF	KCC		City, town, or county) (State)
AA. BURIAL CRE						
Burial	-	9/23/69 m	New Cathedral		ltimore, Ma	ryland
25A. DATE REC'D			ME OF REGISTRAR	25C, FUNERAL DIRECTO		ADDRESS
crnon	1060	Co. A. A. Jan	Sec. Hills	Witzke, 4101	Edmondson	Ave., 21229
10 Add DEV GIL	LANGE V	1 190		1 1 1 1		



LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Contusion of scalp DISEASE OR CONDITION GIVEN IN PART 1 (A). 21. AUTOPSY? (Yes or No) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH Nursing Home 329 Harlem Lane (Caton Ridge Nursing

Autopsy X I certify that I held on Inquiry Inspection ond that on this basis, death in my opinion resulted from: Notural causes Accident X Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER September 18, 1969 **EXAMINER'S** NAME (Type)

NOT WHILE

AT WORK

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

22D. TIME (Month) (Doy)

OF INJURY

(APPROX.)

24C. NAME of CEMETERY or CREMATORY

22E.INJURY OCCURRED

24D. LOCATION (City, town, or county)

Loudon Park Cometery 25C. FUNERAL DIRECTOR Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

E. Williams

(Yeor) (Hour)

9-17-69 10:00 A. m. WORK

Baltimore, Md.

22F. HOW DID INJURY OCCUR?

Fell down steps

Witzke, 4101 Edmondson Ave., 21229

Home)

(Stote)

VS 151-REV. 1/1/68

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IMPORTANT

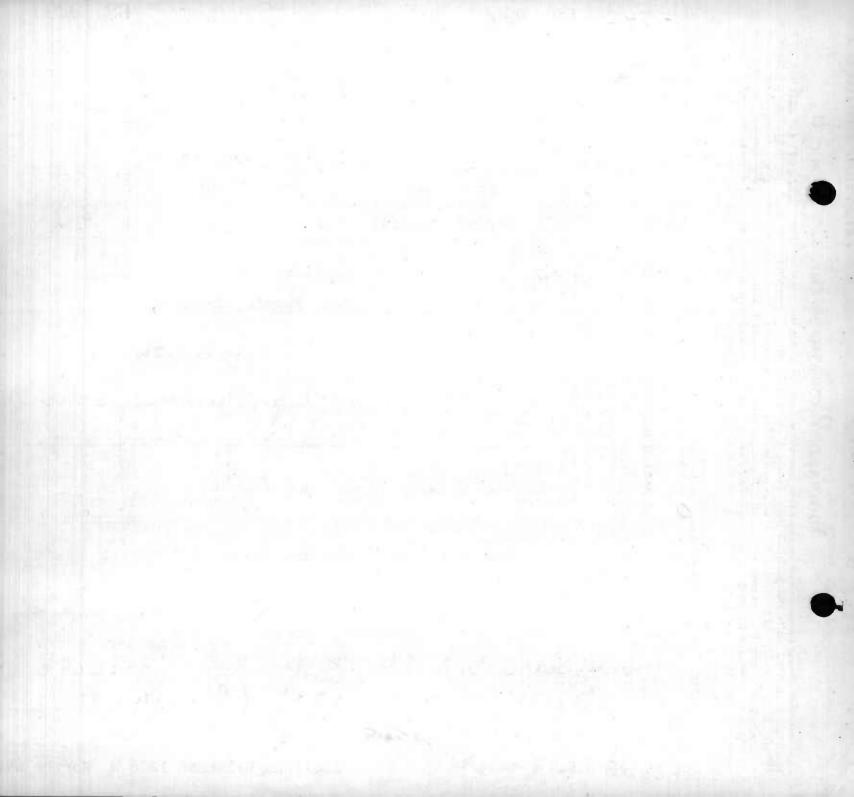
FUNERAL DIRECTOR:

B-529	4 69	9287		HEALTH DEPARTMENT	X REG. NO	69 92	87
1. NAME OF DECEA	BONSALI	L. ELME	ER LEE		EMBER 19.) P
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. II	institution; residence before	odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	Balto, co.	530	0
INSTITUTION				BALT I MORE	D. IN	ISIDE CITY LIMITS?	
40	ST AGNE	S HOSP	ITAL	E. STREET AND NUMBER		YES NO	
				6105 NORTI	H DALE RD		
SEX 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr II Und Months! Doys : Hours	er 24 Hrs.
MALE	WHITE	WIDOWED		08 09 97	last birthday)	Months Doys Hours	Min.
OA, USUAL OCCUP	ATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	oreign country)	12. CITIZEN OF WHAT	COUNTRY
	Orking life, even if retired)	CITY	Y OF BALTO.	MARYLAND			
3. FATHER'S NAME		CIT	T OF BALIU.	14. MOTHER'S MAIDEN N	AAAE	USA	
CHADLEC	DONCALL				AIVIE .		
CHARLES			11.6 000014	ELLA HEIL			
res, no or unknown) (ver in U.S. Armed For If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
	WORLD WAR	1	214 40 716	ST AGNES I	HOSP RECOR	DS-CATON & W	ILKE
18. 162	/ 1		CAUSE OF DEAT			APPROXIMATE !	
DISEASE	OR CONDITION DI	ECTLY		D. A	. ,	BETWEEN ONSET	ND DEATH
	EADING TO DEATH	_	(A) IMMEDIATE CAU	GE HONCH	rogenic Can	Chome	
DISEASES OR	CONDITIONS, if obove cause (A)	ony, giving sloling the	(B)	A CONSEQUENCE OF:	***************************************		and and an an an an an an an an an an an an an
OTHER SIGNIFICATION THE DEATH	ANT CONDITIONS CON	IE TEDRAINIAI					
OTHER SIGNIFICATION THE DEATH IN DISEASE OR CON 19A-DATE OF O	PERATION GIVEN IN PART 198 CONI WAS PERF	DITION FOR W	VHICH OPERATION	NO	No. 208 IF YES WERE	FINDINGS CONSIDERED	
21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING NG CAUSE OF edical examiner	218, home etc.)	e, tarm, tactory, street, of	or obout 21C. WHERE DID	(II In Boitime	ore City, give exoci locotion)	
	Month) (Doy) (Year)	(Hous) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
OF INJURY		Whil	e At Not While	П			
22 1 16 1	. 17 4.4	WOD	At Work		CO OFD	TEMBER 40	10
			e deceased from AUC		19 69 to SEP	TEMPER 19 19	09
			SEPTEMBER 19			Inlan death accurred on	the date
and hour and for	rom the couses state	ed above. (1)	(Me) (qiq) (妈妈XXX) vi	ew the body ofter death			
23A. SIGNATURE		0	200			23B DATE SIGNED	
Kal		Evers.	MI After Phys.	Iding Med.	Shaff Phys.	09 19 69	
23C. PHYSICIAN'S NAME (Type	s V		DEGNEE	3D. ADDRESS			
	HRYN S. EV	FRS M		CT ACNEC HO	D DALTO	VD 01000	
A. BURIAL CREMA REMOVAL (Spec	TION, 248, DATE		ME of CEMETERY of CRE		SP. BALTO	MU 21229	(State)
_	4 4 .					ity, town, or county)	(Stote)
Burial	9/23/69		imore Nationa		altimore, Md		
PARE REC'D BY	_	258 NAME OF		2SC. FUNERAL DIRECTO	K 1220	ADDRESS	_
CED 9 2 1	you where a	Jaber	7 % Mg-	Witzke, 1630	Edmondson A	lve., Catonsvil	le.
5 130-REV. 1/1/68			7 - 10 - 1				

1	7-600 69	BALTIA	MORE CITY HEALTH DE	EPARTMENT		20 0000
//	, , , ,	9288 CER	TIFICATE OF	DEATH	REG. NO	00 3600
	H NO.				HOUR OF DEATH	
Typ	e or Print)	MANDE		9-17	- 69	
3. P	CHARLES E. MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL		aceosed lived. If in	stitution; residence before admiss
			A. SIAIE	B. COUNTY		2054
HO:	L NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCAL	TAL OR INSTITUTION, GIVE !	STREET VIAK	YLAND	10 1016	X 8 2 1
IN S	TITUTION		C. CITT OK	10WN	D. INS	YES NO .
-	LUTHERAN HOSPI	176 8231.		MORE AND NUMBER		YES NO NO
	16/0/00			WENDLE	YRD	
5. SI	EX 6. RACE	7. MARRIER 17 Meyer W.		DIDTH O A	CE II	If Under 1 Yr. If Under 24
A	1 11/	MARRIED NEVER MA	- 10 1	- 1000 lost	birthdoy 29	Months Doys Hours Mi
1	USUAL OCCUPATION (Give kind of work		ORCED - -	A CE (Stote or foreign of	O/	12. CITIZEN OF WHAT COU
	during most of working life, even if retired)		III DOSIKI III. BIKITI E	ACL (Stole of foleigh C	, odnity)	
Po	STAL CLERK	KETIRED	MAR	YLAND		USA
3. F	ATHER'S NAME		14. MOTHER	R'S MAIDEN NAME		
1	HARLES M MO	ORE			WOS	C.H
5. V	Vas Deceased Ever in U. S. Armed For		17. INFORM	ANT	0000	ADDRESS
Yes,	,no or unknown) (If yes, give wor or dote	es of service) SECURITY	NO.	W M. OF	- 1711 1	HENDLEY DE
4	10	0// 20	1080 VIVIAI	y MOOKE	53/6 W	VENULEY KV
	18.410.9		OF DEATH			BETWEEN ONSET AND
	DISEASE OR CONDITION DI	RECTLY	MEDIATE CAUSE COME	of Muses	. d d 1	the state of the s
	(This does not mean the mode of	dving e.g. (A)IMA	AEDIATE CAUSE CONSEQUE		acard an	moun
4	heart failure, asthenia, etc. It means		: 10, OK AS A CONSEQUE	NCE OF:		
	injury or camplication which caused		ASHD			
	ANTECEDENT CAUSES	(B)	V			
	DISEASES OR CONDITIONS, if rise to the above cause (A)	411/1 9171119	E TO, OR AS A CONSEQU	ENCE OF:		
	UNDERLYING CONDITION Iosi.	(c)				
	OTHER SIGNIFICANT CONDITIONS CO					
X	TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	RT 1 (A).				
ERTIFIC	19A. DATE OF OPERATION 19B. CON	NDITION FOR WHICH OPERA	TION 20 A. AUT	TOPSY? (Yes or No) 20	DB. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
ERT	0			7 0		
U	OR CONTRIBUTING CAUSE OF	home, form, foctor	IJURY (e.g., in or obout 21 (ry, street, office bldg., IN.	JURY OCCUR?	(If in Boltimor	re City, give exoct locotion)
CAI	DEATH (notify medical examiner)	etc.)				
	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E INJURY OCC	URRED 21	F. HOW DID INJURY	OCCUR?	
2	(APPROX.)	While At Work	Not While At Work			
		1	W-1-	1 101	5 9 to	9/19 196
	22. I certify that (1) (this hospita	01	10	9		
	that (1) (we) last sow the decease	ed alive an	19 6	and that i	n (my) (aur) apl	nian death occurred an th
	and haur and fram the causes sta	ited obave. (1) (We) (did)	(did nat) view the bac	dy after death.		
	23A. SIGNATURE	~//				23B. DATE SIGNED
	J- WW.	<u></u>	Attending Phys.	Med. Stal	s.	9/17/69
	23C. PHYSICIAN'S		23D. ADDRES		.0	
	NAME (Type) F. Q UE	rou	392	27 aurund	holis Rd	
24A	BURIAL CREMATION, 248. DATE	24C, NAME of CEME	TERY OF CREMATORY	24D. LOCA		ity, town, or county) (St
449	REMOVAL (Specify)	100 1	0.014	17 "		AAA ON A
N	UKIAL 9-72-	.67 LOUDON	AKK CEM.	BAL	70	MAKYLAND
25A	. DATE REC'D BY HEALTH DEPT.	298-NAME OF REGISTRAR	25 C. FU I	NERAL DIRECTOR		ADDRESS
450 450				TANKS ME A COMPAN.		
SI	D22 Mill Hosen C	Careen Land	WEB	EK FUNERAL	HOME 53	HEDMONDSON AL

Loute Mysserial white CHZA 3927 Russpoles Rd. FRUBRIS

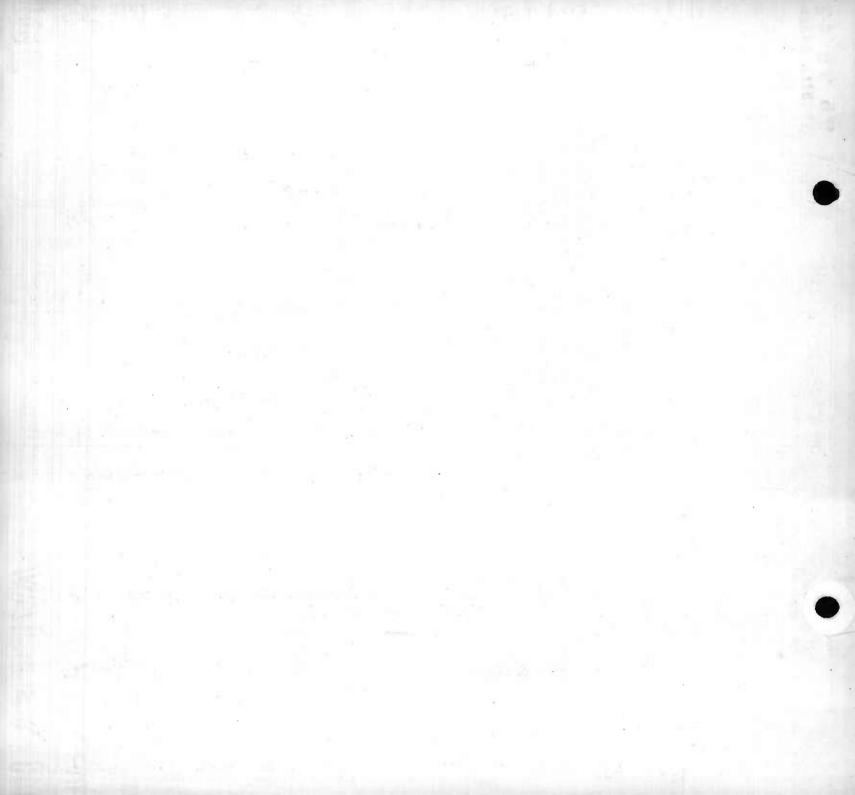
-	11 210							
I.NA	H NO. AME OF DEC or Print)	EASED LILLI	E MAE	SMALLS		20/69		
FULI	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN' Maryland		nstitution: residen	ce belore admissio
INST	SPITAL OR	ADDRESS OR LOCA	A IION)		Baltimere	D. INS	YES K	№ П
0	0 160	06 Montfor	d Ave		E. STREET AND NUMBER 1606 Montf	ord Ave		
. SE	r F	6. RACE	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months Days	If Under 24 H Hours Min.
		JPATION (Give kind al work warking lile, even if retired)		BUSINESS OR INDUSTRY .em Hospital	11. BIRTHPLACE (Stote or foreign Durham N C	•	12. CITIZEN C	F WHAT COUNT
3. F.	ATHER'S NA	ME	THE		14. MOTHER'S MAIDEN NAM	AE		
S. W Yes.	Jul vas Deceased no or unknawn	Ever in U. S. Armed För	ces?	1 6. SOCIAL SECURITY NO.	Matilda Lo	ong	ADD	RESS
				3200000	MRs Fannie	Crowner	. Same	
	heort foilure, injury or com	LEADING TO DEATH of meen the mode of osthenio, etc. If meens plicotion which coused ANTECEDENT CAUSES	the discose, deoth.)	(A) IMMEDIATE CAU		trusion	tis 6	aus '
ATION	heort foilure, injury or com DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR C	ool meen the mode of osthenio, etc. It meens uplication which coused ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) of CONDITION lost. IL CANT CONDITIONS COME BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	the disease, death,) ony, giving stating the NTRIBUTING HE TERMINAL	(B) DUE TO, OR AS	A CONSEQUENCE OF:	Turner	FINDINGS CON	SIDERED
ATION	heort foilure, injury or com DISEASES Crise to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR C	ool meen the mode of osthenio, etc. It meens uplication which coused ANTECEDENT CAUSES OR CONDITIONS, if o obove couse (A) CONDITION lost.	ony, giving sloting the NTRIBUTING HE TERMINAL IT 1 (A).	(B) DUE TO, OR AS	a consequence of	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON AUSES OF DEATH	SIDERED H?
AL CERTIFICATION	heart foilure, injury or com DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR C 19 A. DATE OF CONTRIBLE OR CONTRIBLE	ool meen the mode of osthenio, etc. It meens uplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) CONDITION lost. ILLIANT CONDITIONS COMBINED TO TOONDITION GIVEN IN PAR OPERATION 198. CON	ony, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR MED	(B) DUE 10, OR AS OF THE PROPERTY OF THE PROPE	A CONSEQUENCE OF:		FINDINGS CON AUSES OF DEATI	
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MEDICAL CERTIFICATION	DISEASES OF CONTRIBLE OF INJURY (APPROX.)	ool meon the mode of osthenio, etc. It meons uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if obove cause (A) CONDITION lost. IL CANTCONDITIONS COME HOLD TO TO THE CAUSE OF MAS UNDERLYING CAUSE OF medical examiner) (Manth) (Day) (Year)	ony, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR VERNMED (Haur) 21E. Why	(B) DUE TO, OR AS OF TO, OR AS	20A. AUTOPSY? (Yes or No. n ar about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimo:	ore City, give exoc	t location)
MEDICAL CERTIFICATION	DISEASES Coise to the UNDERLYING OTHER SIGNIFITO THE DEAT DISEASE OR COIPA-DATE OF CONTRIBUTION CONTRIBUTION (APPROX.) 22. 1 certify the contribution (1) (we)	ool meon the mode of osthenio, etc. It meons introduced the course of th	ony, giving stoting the MIRIBUTING HE TERMINAL IT 1 (A). CHOUND FOR VERNING HOUSE (Haun) 21E. Wh. Wall) ottended to ded allve an	WHICH OPERATION PLACE OF INJURY (e.g., in larm, lactory, street, old like At At Work the deceased from	20A. AUTOPSY? (Yes or No. n. ar about 21C. WHERE DID in Juny OCCUR? 21F. HOW DID INJURY OCCUR?	(If in Baltimos URY OCCUR? 19to at in(my) (our) opl	ore City, give exoc	t location)
MEDICAL CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNIFITO THE DEAT DISEASE OR C 19A. DATE OF CONTRIBLE DEATH (notify (APPROX.) 22. 1 certify that (1) (we) and hour and	ool meon the mode of osthenio, etc. It meons uplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) CONDITION lost. IL CANTOONDITIONS COME BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERION (Manth) (Day) (Year) That (I) (this hospital lost saw the deceased from the couses stored	ony, giving stoting the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR VERNMED (Haur) 21E. Why was a stote of the ded o	(B)	20A. AUTOPSY? (Yes or No. In ar about 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY On the bldg., Injury on the bldg.,	(If in Baltimo:	ore City, give exoc	t location)
MEDICAL CERTIFICATION	DISEASES Crise to The UNDERLYIN COTHER SIGNIFITY OF THE DEAT DISEASE OR COTTON OR CONTRIBUTION OF THE DEATH (APPROX.) 22. 1 certify that (1) (we) and hour one case. SIGNATU	OI meon the mode of osthenio, etc. It meons uplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITIONS COME HOLD TO TO TO THE LATED TO TO THE LATED TO TO TO THE LATED TO TO TO THE LATED TO TO TO THE LATED TO TO TO THE LATED TO TO TO THE LATED TO TO TO THE LATED TO TO THE LATED TO TO TO THE LATED TO TO THE LATED TO TO THE LATED	the disease, death.) ony, giving stoting the MIRIBUTING HE TERMINAL IT 1 (A). IDITION FOR YEAR HORNED (Haun) 21E. Wh. Wh. Wh. Wh. Wh. Wh. Wh. Wh. Wh. Wh	(B)	20A. AUTOPSY? (Yes or No. 1) a consequence of: 20A. AUTOPSY? (Yes or No. 1) fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	(If in Baltimos URY OCCUR? 19to at in (my) (our) opl Shoff	ore City, give exoc	19 curred on the c



IMPORTANT

DIRECTOR:

FUNERAL



FUNERAL DIRECTOR

ADDRESS

arrich Strate

REMOVAL (Specify)

ISI-REV. 1/1/68

2SA. DATE REC'D BY HEALTH DEPT

2SB. NAME OF REGISTRAR

Robert E. Jaben M.D.

Santara lei a cedar The ware Santage A t en en allegatic que la escalave en la companya de l

1000	BALTIMORE CITY	HEALTH DEPARTMENT		69 0000
2-000 69 92	93 CERTIFICA	TE OF DEATH	REG. NO.	00 3233
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	2.3
(Type of Print) IRBIN	W, LEE	9-	-17-69	7 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUL	YTY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	211-	DE CITY LIMITS?
INSTITUTION BALT.	GEN. Hosp.	BACTITION		YES NO
SOUTH BACT.		E. STREET AND NUMBER		
_43			UINGTON	
1	RIED NEVER MARRIED DIVORCED	7-29-00	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (State or fare	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) B	FORR	Maryla	and	USA
13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NA	ME	
Joseph Lee		Maggie	Smoot	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or ynknawn) (If yes, give war ar dates af sen	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS #
No		Eva M. Lee	R	rame as "4
18. 404 XI	CAUSE OF DEATH	t. 11.	A failur	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Con	sissed by	0	
(This does not mean the mode of dying,	e.g., QIMMEDIATE CAU	SE A CONSEQUENCE OF:	6 .	
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	ease, few	he anom	- 4	
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:	2 I ure	
rise to the above cause (A) stoling UNDERLYING CONDITION tost.	the (C)	mis suive	n a wie	
	\ \/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		1004	W cop to week	
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar N	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	ar about 21 C. WHERE DID	(If In Boltimore	e City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, af	ice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Not While At Wark	· 🗀		0
22. 1 certify that (1) (this haspital) attended		Eng 5	19 68 10	ent. 10 1965.
that (I) (we) lost sow the deceased alive	X - of In	19 65 ond t		nion death occurred an the dote
and hour and fram the couses stoted obo				
23A. SIGNATURE				23 B. DATE SIGNED
1 Jyou	DEGREE Phys	Med. Director	Staff Phys.	9117/65
23C. PHYSICIANS NAME (Type) NAME (Type)		1228 5 CC	harly St. a.	Belf. 48 21250
	AC. NAME of CEMETERY OF CRE	1	LOCATION (Ci	ty, town, or county) (State)
BEMOVAL (Specify) 9-20-69	Coder Hill	Cemetery /	Balta las	7.) Md.
25A. DATE REC'D BY HEALTH DEPT.	ME OF DGISTRAR	25C, FUNERAL DIRECTO	R	ADDRESS
SEP 22 1009 Valent & Nach	en and	McCally -	130 E. For	et. ave. 21230

Conjuster Heart Jacking Lawrence - Wagner whereing F. warming

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FRARD LOZADA

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BALTIMORE CITY HEALTH DEPARTMENT	() ()
BRITH NO. 69 9294 CERTIFICATE OF DEATH REG. NO. 69 9	294
LNAME OF DEGSASED	
(Type or Print) - S DOLLA POLICE OF DEATH	20 0
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	M M
A. SIATE / R. COUNTY	ic commission
FULL NAME OF HOSPITAL OR IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN	6
The project contraction of the project contracti	
THE LINION MEMORIAL HOSPITAL BALFO YES NO	
44 3441 Reland Come	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Ye., If U	Indet 24 His.
MIDOWED DIVORCED 7-2000 last birthday) Months Days Hour	s Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stolo or foreign country) 12. CITIZEN OF WHA	T COUNTRY
Overseer Mt. Vernon Mills Mauland // (4	2
13. FATHER'S NAME	<u>r</u>
Les Contract mars frame	
The factor of th	
Yos, no or unknown) (If yes, give wor ar dotes af service) 16. SOCIAL SECURITY NO.	
No 213-05-0994 Edith C.Peddicord -3441 Roland	Ave.
IR / / / / / A	E INTERVAL
DISEASE OF CONDITION DIRECTLY	ET AND DEATH
LEADING TO DEATH	
heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES	
(B)	
TIMESTON VINC CONTROL I.	4
(V)	4-)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1988 CONDITION FOR WHICH OPERATION 2004 AUTOPSYZ (Yas of No.) 208, IF YES, WERE FINDINGS CONSIDERED	
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	,
OR CONTRIBUTING CAUSE OF In Bollimare City, give exect location in the contribution of	n)
DEATH (natify medical examine) arms, facility, stroet, drined bidg. INJURY OCCUR?	
21D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
Mappen While Al Not While	
Wark At Work	
22. 1 certify that (1) (this hospitul) attended the deceased from	19 6 9
that (1) (we) last sow the deceased alive on 9/12 19 6 9 and that In(my) (our) apinion death occurred	on the date
and hour and from the causes stated above. (1) (WE) (did) (did not) view the bady after death.	an ine dale
23A. SIGNATURE 23B. DATE SIGNED	
Attending Med. Stoff 171	10
Phys. Director Phys.	67
23C. PHYSICIATS NAME (Type) 23D. ADDRESS THE UNION HEMORIAL HOSPIT	AI
126h CAI PAN MD NOW	,
44. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stotel
Burial 9/20/69 Poplar Grove Cemetery Balto.Co.	Md.
.,	4 1/4 ¢
5A DATE BEGIN BY USALTH CARE	
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Ann Donovan - 3818 Roland Ave	•

DACFE DATES WE SHAMED TOWNED SE 3441 Kikuraciana 7-2004 65 maryland USA mary Lune of the first term of the contract of 9/19 X South Bush. X X 4-7-69 THE HINDS HEARING IN SPINS CW NOT IND-MAZE

FUNERAL DIRECTOR: IMPORTANT

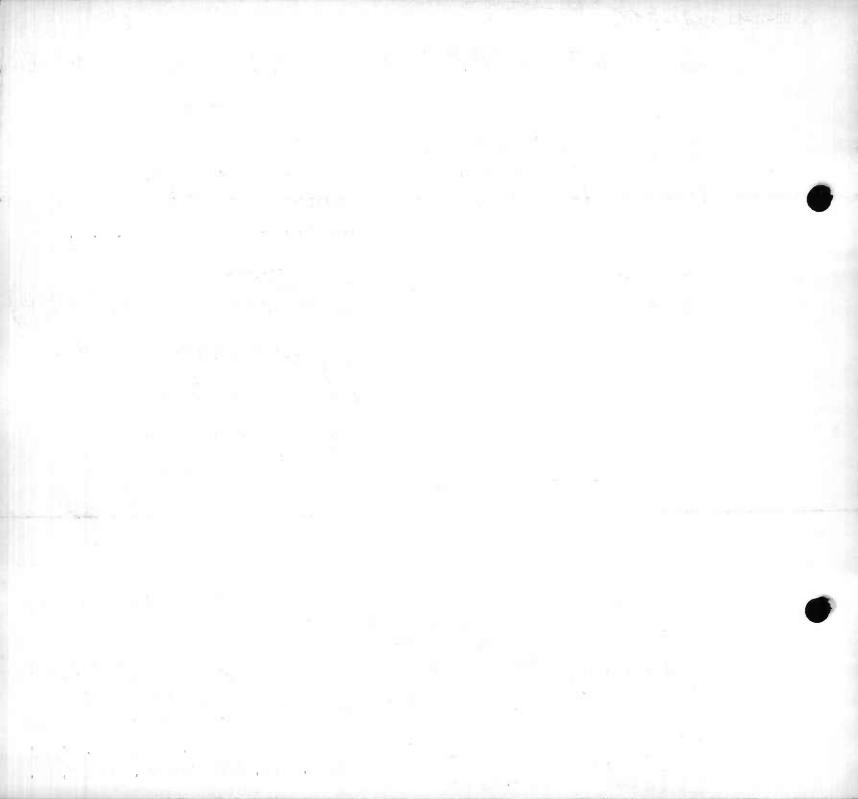
19-6	// 3 60 11	BALTIMORE CITY		1	CO 000c					
	663 69 9	295 CERTIFICA	TE OF DEATH	REG. NO	69 9295					
INAME OF	DECEASED	OEKTI TO		HOUR OF DEATH						
(Type or Print		1 MAIEN	Cy //	1/9	6.40 A.M					
2 DIACE IN	BALTIMORE MARYLAND WHERE P		14 USHAL RESIDENCE (Where	deceased lived. If	institution: residence before admission)					
CEP	TIEICATEA	MENDED	A. STATE B. COUNT	Y h	1 1					
HOSPITAL C	R ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	10 als	56 35-00					
INSTITUTION	ADDRESS OR LOCATION)	10-1-69	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?					
/ 0000			BALTIMORE		YES NO NO					
5 CHU	RCH HOME & HOSPITAL		E. STREET AND NUMBER							
			266 ST. HELENA							
S. SEX	6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.					
MALE	WHITE	WED DIVORCED	祖士-23-28	40						
	OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12, CITIZEN OF WHAT COUNTRY					
	ost of working life, even if retired)	PDPD AT IMAGE	3//19999 1359							
3. FATHER'S		EDERAL YEAST	MARYLAND 14, MOTHER'S MAIDEN NAM	F						
	HIRARDELLO		ANNA SHRIVER	- SCHRIVER						
5. Was Dec Yes, no or unl	eased Ever in U.S. Armed Forces? (nown) (If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
Yes	1951-1953	215-22-0784	Mrs. Jeanette	Ghirardel 1	o, 266 St. Helena A					
1B. /	2 / 1	CAUSE OF DEAT			APPROXIMATE INTERVAL					
1/6	SEASE OF CONDITION DIRECTLY			00	BETWEEN ONSET AND DEAT					
D	ISEASE OR CONDITION DIRECTLY LEADING TO DEATH		R. I.	1 th Non	111. 0-1					
(This de	pes nal mean the mode of dying,	(A) IMMEDIATE CA		a Newy	a tring our					
	ilure, asthenia, etc. Il means the dis		A CONSEQUENCE OF:	1 Mestas	stary of 6 month					
injury o	r complication which coused death.)			1	almot					
	ANTECEDENT CAUSES	m Rac	un man Mana	this	70					
DISEASI	ES OR CONDITIONS, if any, of	DUE TO, OR AS	A CONSEQUENCE OF:	MA						
rise la	the above cause (A) stating									
UNDER	LYING CONDITION losi.	(C)								
7	11									
	GNIFICANT CONDITIONS CONTRIBUT DEATH BUT NOT RELATED TO THE TERMI									
		11704								
▼ DISEASE	OR CONDITION GIVEN IN PART 1 (A).		100.0							
▼ DISEASE		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?					
DISEASE 19A. DA	TE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	No	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?					
DISEASE 19A. DAT	TE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	in or obout 21 C. WHERE DID		E FINDINGS CONSIDERED AUSES OF DEATH?					
DISEASE 19A. DATE	TE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	in or obout 21 C. WHERE DID							
OF CON DEATH	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF Choify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	(If in Boltim						
DISEASE 19A. DAT 21A. AC OR CON DEATH 21D. TIM OF INJU	CIDENT WAS UNDERLYING CONDITION WAS PERFORMED CIDENT WAS UNDERLYING COUSE OF (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim						
DISEASE 19A. DA1 21A. AC OR CON DEATH 21D. TIM	CIDENT WAS UNDERLYING CONDITION WAS PERFORMED CIDENT WAS UNDERLYING COUSE OF (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltim						
V DISEASE 19A. DAT 21A. AC OR CON DEATH 21D. TIM (APPROX	CIDENT WAS UNDERLYING CAUSE OF (notify medical examiner) (Month) (Doy) (Year) (Hour)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not While At Work	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)					
DISEASE 19A. DA 19A. DA 21A. AC OR CON DEATH OF INJU (APPROX 22. 1 ce	CIDENT WAS UNDERLYING (Notify medical examiner) (Month) (Doy) (Year) (Hour) Trify that (1) (this hospital) attentions	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU	(If in Boltim	ore City, give exoct locotion)					
DISEASE 19A. DAT 19A. DAT 19A. DAT 21A. ACO DEATH OF INJU (APPROX 22. I ce thot 1	CIDENT WAS UNDERLYING (notify medical examiner) (Month) (Doy) (Year) (Hour) (We) last sow the deceased alive	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not While Work ded the deceased from Secon Sept 17	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)					
DISEASE 19A. DAT 19A. DAT 21A. ACC OR CON DEATH 21D. TIM OF INJU (APPROX 22. 1 ce thot (1) and hou	CIDENT WAS UNDERLYING CAUSE OF (notify medical examiner) (we) last sow the deceased alive or ond from the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the cause stated abo	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not While Work ded the deceased from Secon Sept 17	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)					
DISEASE 19A. DAT 19A. DAT 19A. DAT 21A. ACO DEATH OF INJU (APPROX 22. I ce thot 1	CIDENT WAS UNDERLYING CAUSE OF (notify medical examiner) (we) last sow the deceased alive or ond from the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the cause stated abo	POR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from to on the control of the con	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY 19 6 9 ond the view the body after deoth.	(If in Boltim	ore City, give exoct locotion)					
DISEASE 19A. DAT 19A. DAT 21A. ACC OR CON DEATH 21D. TIM OF INJU (APPROX 22. I ce thot (1) and hou	CIDENT WAS UNDERLYING CAUSE OF (notify medical examiner) (we) last sow the deceased alive or ond from the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the causes stated about the cause stated abo	POR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21 E. INJURY OCCURRED While At Not Whit At Work ded the deceased from to the con Section (I) (We) (did) did not) Atheretical Atheret	in or obout 21C. WHERE DID iffice bldg., INJURY OCCUR? 21F. HOW DID INJU 22 - 1 20 - 1 21 - 1 21 - 10 - 1 21 - 10 -	(If in Boltim URY OCCUR? 10 to	ore City, give exoct locotion)					
DISEASE 19A-DA1 19A-DA1 21A-AC OR CON DEATH 21D. TIM OF INJU (APPROX 22. 1 ce thot (1) and hou 23A. SIGI	CIDENT WAS UNDERLYING CONDITION WAS PERFORMED CIDENT WAS UNDERLYING CAUSE OF Choolify medical examiner) (ITRIBUTING CAUSE OF Choolify medical examiner) (ITRIBUTING CAUSE OF Choolify medical examiner) (ITRIBUTING CAUSE OF CHOOLIFY CAUSE OF CAUSE OF CHOOLIFY CAUSE (Month) (Day) (Year) (Hour) (ITRIBUTING CAUSE (Hour) (ITRIBUT	POR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from to on the control of the con	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU 19 6 9 ond the view the body after deoth.	(If in Boltim URY OCCUR? 10 to	ore City, give exoct locotion) 9, 17 1969 pinion deoth occurred on the day 23B. DATE SIGNED Sept 17 4 196					
DISEASE 19A. DAT 19A. DAT 21A. ACC OR CON DEATH 21D. TIM OF INJU (APPROX 22. 1 ce thot (1) and hou 23A. SIGI	CIDENT WAS UNDERLYING CAUSE OF CHOCKING CAUSE OF CAUSE OF CHOCKING CAUSE	POR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not Whit At Work ded the deceased from to the control of the control	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU ond the view the body after deoth. ending Med. Director Director D 23D. ADDRESS HURC	(If in Boltim URY OCCUR? 10 to	ore City, give exoct locotion) 9, 17 1969 pinion deoth occurred on the day 23B. DATE SIGNED Sept 17 4 196					
DISEASE 19A.DAT 19A.DA	CIDENT WAS UNDERLYING CAUSE OF (notify medical examiner) IT (Month) (Day) (Year) (Hour) RY (We) last sow the deceased olive in and from the causes stated obout a constant of the cause of the caus	21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from to the etc. of the etc.	in or obout 21C. WHERE DID Inffice bidg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 22F. HOW DID INJU 23F. Director 23D. ADDRESS ADDRES	IRY OCCUR? 1 to 1 in (an) (aur) of the phys.	ore City, give exoct locotion) 9, 17 1969 pinion deoth occurred on the day 23B. DATE SIGNED Sept 17 4 196					
DISEASE 19A.DAT 19A.DA	CIDENT WAS UNDERLYING CAUSE OF (Inolify medical examiner) Cause of	POR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not Whit At Work ded the deceased from to not Not Not Not Not Not Not	in or obout 21C. WHERE DID Inffice bidg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 22F. HOW DID INJU 23F. Director 23D. ADDRESS ADDRES	(If in Boltim URY OCCUR? 969 to of in (any) (aur) of phys. HOME	ore City, give exoct locotion) 9, 17 1969 pinion deoth occurred on the day 23B. DATE SIGNED Sept 17 4 196					
DISEASE 19A.DAT 19A.DAT 21A.AC OR CON DEATH OF INJU (APPROX 22.1 ce thot T and hou 23A. SIGI	CIDENT WAS UNDERLYING CAUSE OF (notify medical examiner) IT (Month) (Day) (Year) (Hour) RY (We) last sow the deceased olive in and from the causes stated obout a constant of the cause of the caus	21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from to the etc. of the etc.	in or obout 21C. WHERE DID Inffice bidg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 22F. HOW DID INJU 23F. Director 23D. ADDRESS ADDRES	(If in Boltim URY OCCUR? 969 to of in (any) (aur) of phys. HOME	ore City, give exoct locotion) 9, 17, 19, 69 Dinion deoth occurred on the date 23R. DATE SIGNED Sept. 17 4 196 EL HOSPITAL TO. MD 21231					
DISEASE 19A.DAT 19A.DA	CIDENT WAS UNDERLYING CAUSE OF Choolify medical examiner) IE (Month) (Day) (Year) (Hour) IT (We) last sow the deceased alive or and from the causes stated about 17 and 18 and	21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from to on the control of the control	in or obout 21C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU 19 6 9 ond the view the body after deoth. ending Med. ps. 123D. ADDRESS HURC 100 (N. BROA) EMATORY 24D. LC	(If in Boltim URY OCCUR? 969 to of in (any) (aur) of phys. HOME	ore City, give exoct locotion) 9, 17, 19, 69 Dinion deoth occurred on the date 23R. DATE SIGNED Sept. 17 4 196 EL HOSPITAL TO. MD 21231					
DISEASE 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 21A. SIGN 23A. SIG	CIDENT WAS UNDERLYING CAUSE OF Choolify medical examiner) IE (Month) (Day) (Year) (Hour) IT (We) last sow the deceased alive or and from the causes stated about 17 and 18 and	21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from to on the control of the control	in or obout 21C. WHERE DID Inffice bidg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 22F. HOW DID INJU 23F. Director 23D. ADDRESS ADDRES	(If in Boltim URY OCCUR? 969 to of in (any) (aur) of phys. HOME	ore City, give exoct locotion) 19.69 19.69 23B. DATE SIGNED 25B.	DISEASE 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. DAT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 19A. ACT 21A.	CIDENT WAS UNDERLYING CAUSE OF (Inolify medical examiner) IT (Month) (Doy) (Year) (Hour) IT (We) last sow the deceased alive or ond from the causes stated about 10 (Type) CREMATION, 248. DATE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from to on the control of the control	in or obout 21C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU 19 6 9 ond the view the body after deoth. ending Med. ps. 123D. ADDRESS HURC 100 (N. BROA) EMATORY 24D. LC	(If in Boltim URY OCCUR? 969 to of in (any) (aur) of phys. HOME	ore City, give exoct locotion) 1969 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 25B. DATE

V.S. 153 10-1-69 M.H.

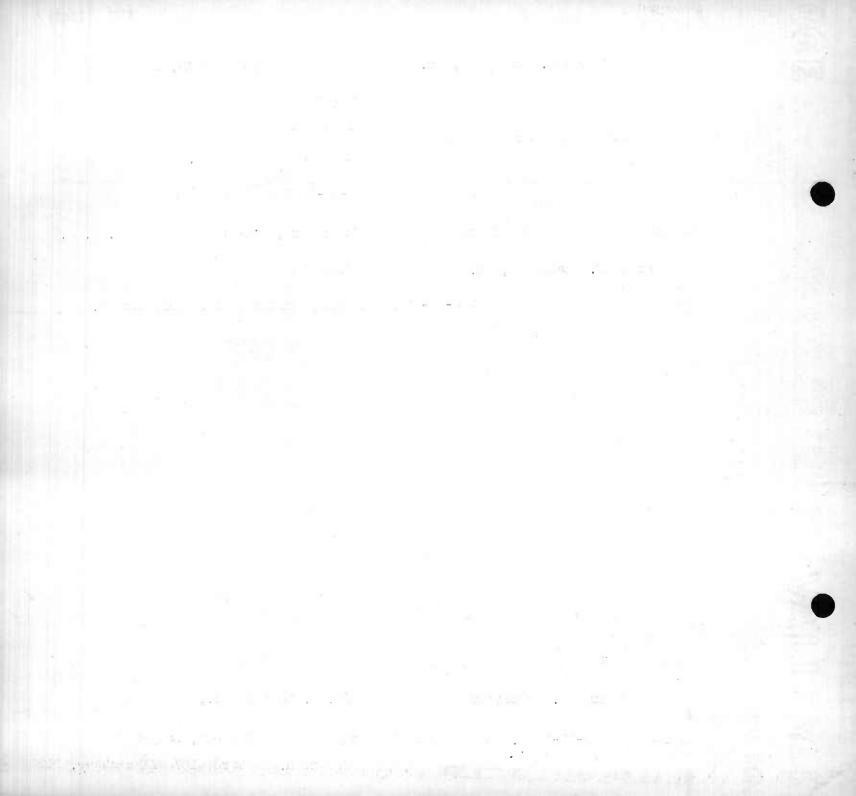
IMPORTANT

DIRECTOR:

FUNERAL



1 211	15			HEALTH DEPARTMENT		69 9900
0-34	69	9297	CERTIFICA	TE OF DEATH	REG. NO	00 0201
BIRTH NO.	ASED		OZIKI II TO		ND HOUR OF DEATH	
Type or Print)		C40114	on Can			- 0.
DI ACT IN BALT	George A.			14. USUAL RESIDENCE (Wh	ptember 18,	1969 S M
, PLACE IN BALII	MORE MARILAND, W	WHERE PRONO	ONCED DEAD	A. STATE B. COU		
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland	D IN	SIDE CITY LIMITS?
Νοιτυτπεν				Baltimore		YES NO
21	Franklin Sq	uare Hos	spital	E. STREET AND NUMBER		
06				1324 Washingt	ton Blvd.	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 1905	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
M	W	WIDOWED		12-14-XXXX	lost birthdoy 63	Months Doys Hours Min.
		k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY
one during most of w	orking life, even if retired)	Do 1+ im.	ama Citar	Do 14 to the Market	1 . 1	
FATHER'S NAM	ı F	Da IL IIII	ore City	Baltimore, Ma	aryland	U. S. A.
				THE THE TANK OF THE	37718	
	les T. Stall			Lillian Moon	re	
es, no or unknown)	Ever in U.S. Armed For (If yes, give wor or dote	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	,		220-09-4205	Phillip Stall:	ing 1305 Her	kimer St
11B. / / /	0 1	-	CAUSE OF DEAT		ring 1303 Hel	APPROXIMATE INTERVAL
410	OR CONDITION DI	DECTI V		0.	0'0 /	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	KECILI		On to Musea d	Viel whol	in suller.
(This does no	of meon the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE/OF:	Let Marge	7.00
	asthenia, etc. It means olication which caused		1	a consequency on		
			n.Vas	1/2 V 3/	a Mal	- 0 Pulle
	NTECEDENT CAUSES		(B) Correct	secratic He	CON XX2EB	o garo.
	R CONDITIONS, if obove couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
	CONDITION lost.	stolling the	(c)			
	- 11					
OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING				
TO THE DEATH	BUT NOT RELATED TO TONDITION GIVEN IN PAR	HE TERMINAL				
	OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	WAS PER	FORMED		MA	IN CERTIFIENG C.	AUSES OF DEATH?
D 21 A. ACCIDEN	T WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltime	ore City, give exoct location)
	TING CAUSE OF medical examiner	hom etc.		fice bldg., INJURY OCCUR?		
2	(Month) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID IN	IIIIDY OCCUP?	
OF INJURY	(Ividilii) (Doy) (Teol)		ile At \ Not Whil		IJORI OCCOR:	
(APPROX.)		Wo				
22. I certify t	that (1) (this hospita	1) ottended t	he deceosed from	Seht	1954 to Ses	bt. 18 1969
that (1) (we)	lost sow the decease	ed olive on	Lest. 11	1969 and t	/	pinion deoth occurred on the dot
			1) (W-) (1: 1) (1:4)			
		med obove. (i) (me) (did) (diddiddid) V	iew the body after death	•	23 B. DATE SIGNED
23A. SIGNATUR	an Do		O Atte	ending Med.	Shaff [O (C C C
TAPYE	215901128	ples	MI DEGREE Phy	S. Director	Phys.	9-19-89
23C. PHYSICIAN NAME (Ty	ne)			23D. ADDRESS		
	Morris B.	Schreibe		1519 W. Lomba	ard St., Bal	timore
	AATION, 248. DATE	24C. N	AME of CEMETERY of CR			City, town, or county) (State)
Burial	9-22-6	9 T.	oudon Park Cem	eterv Rs	altimore, Ma	ryland
	BY HEALTH DEPT.		OF REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS
06833	1000 Q.Q. B	8. Faile	Man			Wilkens Ave. 21229
25546	AND ANDER	T			2	



	7 -260 69 9298 CEPTIFICA	Y HEALTH DEPARTMENT REG. NO. 69 9298
	I.NAME OF DECEASED	HE OF BEATH
	(Type or Print) RUTH KEASER	2. DATE AND HOUR OF DEATH Patriale 16 1969 1 10519
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	3 9 PROVIDENT HOSPITAL	E. STREET AND NUMBER
dae.	1514 Division Street Baltimore, Maryland 21217	915 N. Arlington Avenue
E	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
1 18	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
SITION	done during most of working life, evan if refired)	CALVERT CO. MARXUND U.S. A.
bos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2	Thomas Bragg	Rose Gantt
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	NO	Mrs. Ruth Henderson-daughter 113 Franklin-
5	18. 199. O I CAUSE OF DEAT	H APPROXIMATE INTERVAL
2	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAL	ACONSEQUENCE OF:
	injury of complication which coused death)	
	ANTECEDENT CAUSES	Las Bound Obstrates
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	Vousequence OF:
2		are rematoris
5	11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A-DATE OF OPERATION 199E CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CT. 21E BLACE OF INJURY CO.	
	194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- 11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in local contributions) 21B. PLACE OF INJURY (e.g., in local cont	n or about 21C. WHERE DID (If in Baltimore City, give exact location)
3	210-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While Man Not While At Work	
	22. I certify that (1) (this hospital) attended the descased from	ellenty 15 19 69 to deptente 16 19 69
	that (1) (we) last saw the deceased alive on teplerally	19 69 and that in (my) (our) opinion death occurred on the date
:	and hour and from the causes stated above. (1) (We) (did) (did not) v	iew the body after death.
	23A. SIGNATURE	nding Med. Shoff 2
	proper Phys	Director L. Phys. 12 9/16/69
	MAINTE CTYPES	23 D. ADDRESS
1	DESIDERIO 2 HEBRON, JR. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE PEROVAL (Special)	March Horse tes
	REMOVAL (Specify)	
	BUCIA 9-20-61. MT. AUBURI	
9	FP 2 2 1969 Robert E. Jaken, M.D.	
4	/S 150-REV, 1/1/68	KELSON FIH 1348 CALHOUN STO





117-300 60	0000	BALTIMORE CIT	Y HEALTH DEPARTMENT		69 9300
IRTH NO.	930	CERTIFICA	ATE OF DEATH	Registered No	00 0000
NAME OF DECEASED (JESS	(31		2. DATE AN	ID HOUR OF DEATH	1 ///
Type or Print)	nand		Sec	st 17,10	969 746
PLACE OF DEATH IN BALTIMORE	MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before odmi
HOSPITAL OR oddress or lo			C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
Maryland Q	eneral	Hospital	Balto. D. STREET ADDRESS (IF	rutol, give location)	
48			2906 Garrett	ave.	
Male Negroid	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify) rried	4-9-17	9. AGE (In years lost birthdoy)	Months Doys Hours N
A. USUAL OCCUPATION (Give kind o				on country)	12. CITIZEN OF
one during most of working life, even if ret	(best	1 Security	S.C.	igh country)	WHAT COUNTRY?
. FATHER'S NAME		-	14. MOTHER'S MAIDEN NA	AA F	
	Le Wood		Maddie Le		
o. Was Deceosed Ever in U. S. Arme es, no or unknown) (If yes, give wor o	d Forces? dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2609	ADDRESS
ves 10-30-44	*8-8-46	25511.1207	Evelyn Wood	000/ 7	rrett Ave. wif
118. 4/1)	-0-0-40	1-771	OF DEATH	~ /00 000.	INTERVAL BETWEEN
nise to the above cause UNDERLYING CONDITION (as	l			0 0 0 0 m man eo m e que e e e e e e e e e e e e e e e e e	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	NG IT.				
	PERFORMED	WHICH OPERATION	YES	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? 485
21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	h.	18. PLACE OF INJURY (e.g., ome, form, foctory, street, ec.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	V	While At Not Wh	ile 🗀		
22. I certify that (1) (this has	mivel Anna L	the deceased from	9/2	19 69 to	9/17 196
		2/11			
that (1) (we) last saw the dec		The second		at in (my) (pinion death occurred an the
and hour and from the causes	stated abave.	(I) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURS	VI		/		238. DATE SIGNED
Lower (1	light	M.D. At	Itending Med. Director	Stolf Phy s.	9/17/69
23C. PHYSICIAN'S NAME (Type)	1 1/1	C	23D. ADDRESS	rnys.	Bran 21203
A. BURIAL CREMATION, 24B. DAT	E 24C.	NAME OF CEMETERY OF C	- CITCON	OCATION (City, town, or county) (Si
REMOVAL (Specily)			The state of the s		
Burial 9-22		lto Nat'l.	Cem.	y Balto	Md.
SEP 2 2 1969 Refer	SE Jale	OF REGISTRAR	Kelson F.H.	4014	ey ADDRESS alhoun Street
150-REV. 1/1/65					

HOWARD A KNOWN 26, ROWN ST - BARNO, 2020

VS 151-REV, 1/1/68

a contract to the contract nn n managaze te To the section of the section of

K-200 69 9302		TE OF DEATH	REG. NO	69 9302
I.NAME OF DECEASED (Type or Pfint) LILLIAN KEYS		2. DATE AN	D HOUR OF DEATH	1 8 15 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (Wheel	e doceased lived. If in-	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATIONI INSTITUTION UNIV. 0 = MD. HOSP	NON, GIVE STREET	MARYLAN C. CITY OR TOWN	D INSI	DE CITY LIMITS?
		BALTIMO	RE	YES NO
3 BALTO. MD		E. STREET AND NUMBER 1335 W. LA	FAYETTE	AVE
/ WIDOWED		2/28/12	O. AGE (In years ast birthday)	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B	SUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or fareig	n country!	12. CITIZEN OF WHAT COUNTRY
		mb.		USA
HOUSE WIFE		14. MOTHER'S MAIDEN NAM	\E	0317
WILLIAM JOHNSON		FAY SMIT	H	
15. Was Deceased Ever in U. S. Armed Farcos? (Yos, no or unknawn) (If yes, give war or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
4/	215167600	Edward Keys	sam	10
18.250.91	CAUSE OF DEATH	-anara neys	Sain	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	HAPI-RTENS	IVE PRIERIOSCUE	one CV.	SETWEEN ONSET AND DEATH
LEADING TO DEATH	7. —			10 YRS
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which caused death.)		SE A CONSEQUENCE OF:		g
ANTECEDENT CAUSES		MELLITUS		10 YRS
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise la the above cause (A) stating the UNDERLYING CONDITION last.		IL REWAL DIS	EMSE	5 4RS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WH WAS PERFORMED 214. ACCIDENT WAS UNDERLYING [1] 1218. BI	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF homo, PEATH (notify medical examinat	ACE OF INJURY (e.g., in tarm, foctory, stroot, affi	or about 21 C. WHERE DID	(It in Boltimaro	City, give exoct locotion)
	AI Not While	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attended the		2-1-59 10) 4-	9-17-69 10
that (I) (we) last saw the deceased alive an	9-17-69	19ond that	10	an deoth accurred on the date
ond haur and fram the causes stated abave. (1)(Wey (did) (did not) vi	ew the bady after deoth.		
Lary U. Welle /	M. D. DEGREE Phys.		toff hys.	23 B. DATE SIGNED 9/18/69
23 C. PHYSICIAN'S NAME (Typo) GARY N. WILNER	M.D. 2:	BD. ADDRESS		14070. MD.
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY OF CREA	0,0		, tawn, or countyl (State)
REMOVAL (Specify)		4	10119	totale)
	ever hem. F		urel Mo	1
SED 99 1069 RAAE JARA DE	REGISTRAR	Kelson F. H.	V Bail 1348 Calh	0
VS 150-R-VA 1/1/68			· 1-10 Oct 7/11	Duit Du



VS 150-REV. 1/1/68



	4- 00		9304		HEALTH DEPARTMENT		69	9304
	Pe or Print)	Mrs. Ad	- 14		2. DATE	AND HOUR OF DEATH		10110
3.	PLACE IN BALT	MORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: resid	10,40 PN
FU	ILL NAME OF OSPITAL OR STITUTION		AL OR INSTIT	'UTION, GIVE STREET	A. STATE B. CO	DUNIY	10	607
"		· - 4/1 - d	Genera	e Hisaital	Baltimore	D. INS	YES T	по П
1	48	7/11-1	venen	e mispine	E. STREET AND NUMBE		1201	по
	Female	Negroid	WIDOWED		4-20-07	9. AGE (In years lost birthdoy)	If Under 1 Months D	Yr. II Under 24 Hrs. Dys Hours Min.
don	N. USUAL OCCU ne during most of w OUSEWII	rorking lile, even if retired)	108 KIND OI	BUSINESS OR INDUSTRY	Virginia	foreign country)	U.S.	OF WHAT COUNTRY
13.	FATHER'S NAM Ste	vens Field	S		14. MOTHER'S MAIDEN			
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed For Uf yes, give wor or dole	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
_	118. / / // A	0		CAUSE OF DEAT	Ruth Ward	3706 Pair	rview	Ave. daug.
	DISEASI	FOR CONDITION DIE LEADING TO DEATH	RECTLY	ACUTE	MOCAPOLA	2 (NFARC	BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
	(This does no	of mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:			
	injury or comp	osthenia, etc. It means plication which caused NTECEDENT CAUSES	the disease, deoth.)		SCHERETIC	(HEAME DIS	BIAS	
		R CONDITIONS, if	anu alulaa	(B)	A CONSEQUENCE OF:			
	rise to the	above cause (A) CONDITION last.	sloting the	(c)				
ATION	TO THE DEATH	II CANT CONDITIONS COI BUT NOT RELATED TO THE ENDITION GIVEN IN PAR	E TERMINAL	***************************************				
RTIFIC	19A. DATE OF	OPERATION 198 CON WAS PERF	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED
CALC	21A. ACCIDENT OR CONTRIBUT DEATH (notify	T WAS UNDERLYING TING CAUSE OF medical examiner	218, hom elc.	e, torm, factory, street, of	or obout 21 C. WHERE DID	(If In Boltimos	6 City, give e	coct location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED		INJURY OCCUR?		
	22. I certify t	hat (1) (this haspital			9/10	19 6	9118	10 6 9
	that (I) (we)	ast saw the decease	d alive on	9/18/69	19 6 9 and	that in (my) (aur) op	nion deoth o	occurred on the dote
	23A. SIGNATUR		ed obove. (l) (We) (dist) (did not) v	ew the body ofter deat	h.		
	Lo	mi 3. II	Na	After Phys	nding Med.	Shoff Phys.	23B, DATE S	18/69
	23 C. PHYSICIAN NAME (Ty	rs pel)		3D. ADDRESS		1	
24A	BURIAL CREM	AATION, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D	LOCATION [Ci	ly, town, or co	ounly) (Stote)
	Buria	1 9-22-69	Art	outus mem. I		altimore, I	arylar	nd
25A	2 2 196	BY HEALTH DEPT.	258 NAME O	Marie Control of the	Kelson F.	OR V.R. Bail	ev	otreet
15	150-REV. 1/1/6							

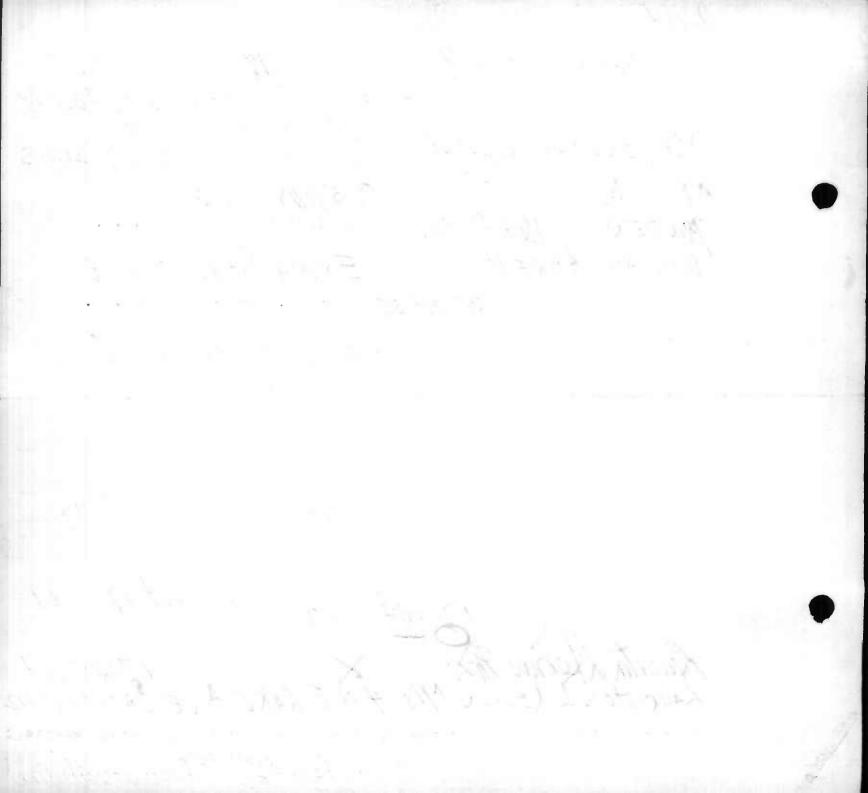


	curred in a hospital and ributing cause of death nined cause; (5) Deceased gular attendance on the ed prior to death. Such made.
	death oc ton Undeterras in re-
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	the bo shows: was D. decess

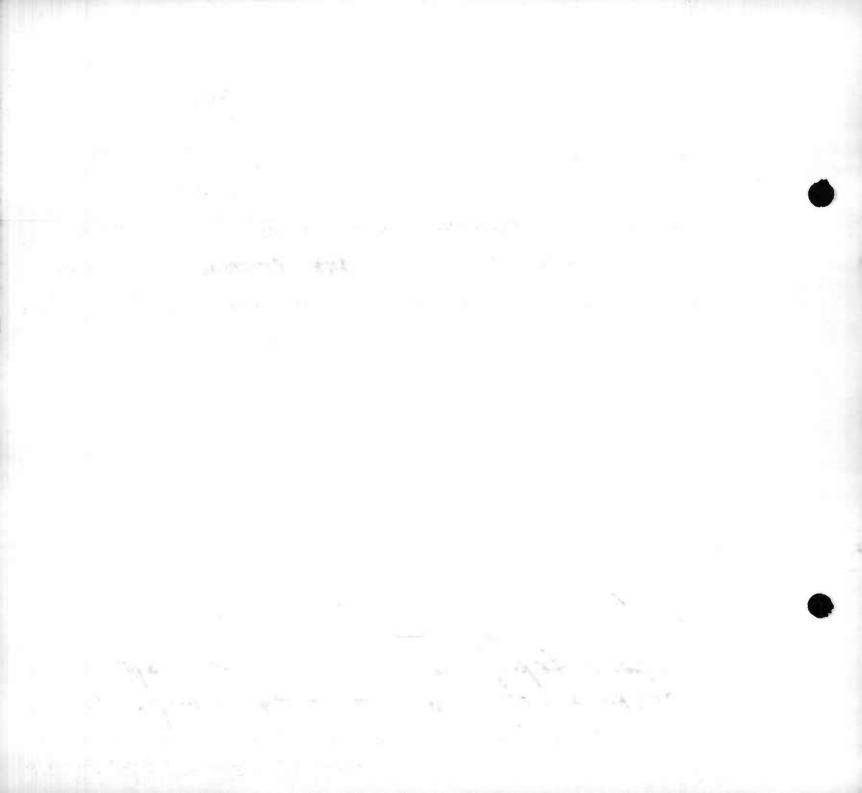
H-560 69 920	BALTIMORE CITY	HEALTH DEPARTMENT		00 0005
H-560 69 930	5 CERTIFICA	TE OF DEATH	REG. NO	69 9305
I. NAME OF DECEASED				
(Type or Print) TAMES 10% +	HENRY	2. DATE A	19/69	0 45 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	14. USUAL RESIDENCE (WM	ere deceased lived If I	nstitution: residence before admission)
		A. STATE B. COU	NTY	nstitution: residence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYUT	NO	1538
INSTITUTION	405P	C. CITY OR TOWN	12 0 - D. INS	SIDE CITY LIMITS?
JUNIU. OF THE	1027	BALTIM	10126	YES NO
BALTO. MS.		E. STREET AND NUMBER	BERIY HE	=16475 AUE
5. SEX 6. RACE 7. MAR	RIED MEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr If Under 24 Hrs
MIDO WIDO		7-18-14	last birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even it refited[an occurry,	12 CHILLY OF WHA! COONIK
Janitor 13. FATHER'S NAME		Maryland		U.S.A.
		14. MOTHER'S MAIDEN NA	ME	
E _r nest Henr	У	Bernidine		
 Was Deceased Ever In U. S. Armed Forces? Yos, no or unknown) (II yes, give wor or dotes of serv 	16. SOCIAL	17. INFORMANT		ADDRESS
no		Hortense Her	1rv 3312	Liberty Hgts. A
110	217092202 CAUSE OF DEATH		3 2212	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above couse (A) stating UNDERLYING CONDITION tost.	ving (B) DUE TO, OR AS the (C)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL		***********************	
O O THER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FWAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofity medical examined) 21D.TIME (Month) (Doy) (Your) (Hour)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, olf elc.)	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exect location)
21D. TIME (Month) (Doy) (Your) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While Al No! While Work No! Work			
22 1 - 25 21 - 20/11/1 - 20 2			117	
22. I certify that (I) (this hospital) attend				-19-69 19
that (1) (we) lost saw the deceased olive		19ond th	of in (my) (our) opi	nion deoth occurred on the date
and hour and fram the causes stated abov	(I) (We) (did) (did nat) vi	ew the body ofter deoth.		
23A. SIGNATURE	111			238, DATE SIGNED
Xtaly 11. Will	E // / Dham	ding Med.	Shaff Phys.	9/19/69
23C. NYSICIAN'S	DEGREE	3D. ADDRESS	rays, —	1 6/16/
NAME (Type) /				
24A. BURIAL CREMATION, 24B. DATE 24	DEGREE			
REMOVAL (Specify) 248. DATE 249			OCATION (Cit	
KENYO VAL (Specify)	C. NAME OF CEMETERY OF CRE	VIATORY 24D. LO	SCATION (CI	ly, town, or county) (Stole)
Burial 9-23-69		Park B	altimore	
Burial 9-23-69	Arbutus 1-em. Arbutus 1-em. Ar OF REGISTRAR	Park B	altimore,	Maryland
Burial 9-23-69	Arbutus -em.	70	altimore, V.R. Baile	Maryland



	A-164 69 9306	BALTIMORE CITY HE	ALTH DEPARTMENT		
Ì		CERTIFICATE	OF DEATH	REG. NO.	69 9306
ı	1. NAME OF DECEASED. (Type or Print) LARP / Ahor	//	2. DATE AND	HOUR OF DEATH	:10 10
ı	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED	DEAD 4	USUAL RESIDENCE (White)	deceosed lived. If instituti	on: fesidence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	824 + REEGON	D. INSIDE C	The Tolly Indiana
1	18Mlance 11/1000	4/	STREET AND NUMBER	YES	
	17 1 a JENEN4/1705/11.	/4/	1824 F PE	EdoMNA	WN. 21213
	5. SEX 6. RACE 7. MARRIED NEW	DIVORCED 6. D	PATE OF BIRTH 9.	AGE (In yeors II)	Under 1 16. Il Under 24 Hrs. nths Doys Hours Min.
ĺ	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN done design most of working life, even if retired)	ESS OR INDUSTRY M.	BIRTHPLACE (Slote or foreign		CITIZEN OF WHAT COUNTRY?
	GRINDER, MESTERIE	TRIC.	st Virginia	U	J.S.A.
	13. ATHER'S NAME	14,	MOTHER'S MAIDEN NAME	7/2=16	a dae
ı	15. Was Deceased Eyer in U. S. Armed Forces? 16. SO	CIAL 17. I	INFORMANT	DAEWDE	YIAGESS ANDRESS
ı	(Yes, no or unknown) (If yes, give wor or dotes of service)	CURITY NO.	rgaret L.Abr	ell-Baltime	re, Md.
ı	18./62,/1	AUSE OF DEATH	0 (1	1211	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ALL DATE CALLS	1 of hunga	= Metrotis	ic 6 MxC
	(This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS A CO	INSEQUENCE OF:	C-HALISTANC	
ı	ANTECEDENT CAUSES	(n)	/		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A CO	ONSEQUENCE OF:	**********************	**************************************
	HADEN VINC CONDITION	(c)		Pr +	
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	OBTO ATION	20.4		
I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20 A. AUTOPSY? (Yes or No.)	208, IF YES, WERE FINDII IN CERTIFYING CAUSES	OF DEATH?
ı	U 21A ACCIDENT WAS UNDERLYING 21B PLACE	OF INJURY (e.g., in or of foctory, street, affice t	obout 21C, WHERE DID bldg., INJURY OCCUR?	(If In Boltimore City	, give exact location)
I		OCCURRED	21 F. HOW DID INJUR	A OCCURS	
	OF INJURY (APPROX.) OD (Month) (Doy) (Yeor) (Hour) While At E. Work	Not While]		/
	22. I certify that (I) (this hospital) attended the dece	eased from	11/5/5 18	9 10 Sept	1969
I	that (i) (we) lost saw the deceased olive on	Juep 7		in(my) (aur) apinion	deoth accurred on the date
۱	and hour and from the causes stated above. (1) (W)	(did) (did wel) view	the bady after death.	23 B.	DATE SIGNED
ı	Thursday & Looun /hz	Attending Phys.	Med. Ste	off C	Thent 69
	NAME (Type) STON L (EUWN)	MA. 23D.	3/F/AK	EANE	BAITO M/21212
		CEMETERY OF CREMAT	TORY 24D. LOC.	ATION (City, tow	vn, or county) (Stole)
	Burial 9/21/69 Park He	ights Come	tery Bruns	wick Fred	erick Maryland
•	RFD 9 9 1969 Red E Jacker M.D.	TRAR 2	25C FUNERAL DIRECTOR Y		ADDRESS Mel
- N	The state of the s	T. C. C. C. C. C. C. C. C. C. C. C. C. C.		RULY	MINUS MUTEL, INVI



C-160 60 0000	BALTIMORE CITY H	EALTH DEPARTMENT	1/	00 0 0
1 - 160 FU Occim		E OF DEATH	REG. NO.	69 9307
1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH	
TRED COOPER			9/18/69	1: 40 AHM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4	L USUAL RESIDENCE (Wh.	ere deceased lived. If in:	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	MD,	Harford	Co. 62-32
16		BEL ALI	7 (5	YES NO P
61311001 110 1 1 1 1 1 1 1 1 1 1 1 1 1 1	l e	STREET AND NUMBER	2021 CONOU	
CHURCH HOME & HOSP	ITAL	R+ R.	F.D. BO	X 86
5. SEX 6. RACE 7. MARRIED NEV	ER MARRIED 8.	DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
WIDOWED [DIVORCED [12/28/89	79 17	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if retired)	1	BIRTHPLACE Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY
CATPENTEY CONSTRUC	HOH	PENNSYlVANIA		U.S.A.
13. FATHER'S NAME	14	MOTHER'S MAIDEN NA		
Thillip Cooper		* CE	EN EN	IA DUNCAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SEC	CURITY NO.	INFORMANT (LTICE) E	38-3031	ADDRESS
No 217		Mrs. Lottie L. Co	~~,	21 Conowingo Road El Air, Manylood 21014
	AUSE OF DEATH		, ,,,,,	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Ogud	io respirator	2 le la	BETWEEN ONSET AND DEATH
LEADING TO DEATH	A) IMMEDIATE CAUSE		y grown	-
(This does not meon the made of dying, e.g., heart failure, asthenio, etc. It means the disease,	DUE TO, OR AS A C	ONSEQUENCE OF:		***************************************
injury ar camplication which caused death.)	Ac a .		- A	000
ANTECEDENT CAUSES	B ASCN	D, Sich	etes he	lections
DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) staling the	DUE TO, OR AS A	ONSEQUENCE OF:		
LINDEDIVING CONDITION I	c)			1
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISEASE OR CONDITION GIVEN IN PART 1 (A)				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		***************************************	********************************
19A-DATE OF OPERATION 19B CONDITION FOR WHICH O	PERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
OP CONTRIBUTING CAUSE OF	OF INJURY (e.g., in or	obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
DEAL IN (notify medical examiner)	deloty, sirest office	bidg., INJURY OCCUR?		
O 21D. TIME (Manth) (Dov) (Year) (Hour) 215 INTILEY		21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.) While At Wark	Not While L			
22. I certify that M (this hospital) attended the deced		9-15	19 69 to	9-18 10 69
that (f) (we) last saw the deceased alive an	9-18	1 6	/	ton death accurred on the date
and hour and fram the causes stated above. (We) (d	did) (did-not) viau	the hady after death	in this feart obtui	on assum accurred on the dote
23A. SIGNATURE		neary driet dentills		23B DATE SIGNED
GZALU. LONE	Attending	g Med.	Staff	Sept 18 1060
23C. PHYSICIAN'S	DEGREE Phys.	ADDRESS	Phys.	711-1419
CETAD 1. 10052	10	HODOH HO.	r 1 1/0	n Duto IA
24A. BURIAL CREMATION, 24B. DATE 924C, NAME of C	DEGREE CEMETERY OF CREMA	TORY 124D	CATION (City	13. 15148, MD.
KEMOVAL (Specify)	nemorial GA			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST		25C. FUNERAL DIRECTOR	His Harbard Co	100000
EP 2 2 1969 Paber E. Jaber M.D.		JOSEPH WILLIAM	Loster Co. 13	opdway & williams &
VC 160 DEV 1/1/40		مالائك عمر	that BEI	Air Manland 21014



IMPORTANT

FUNERAL DIRECTOR:

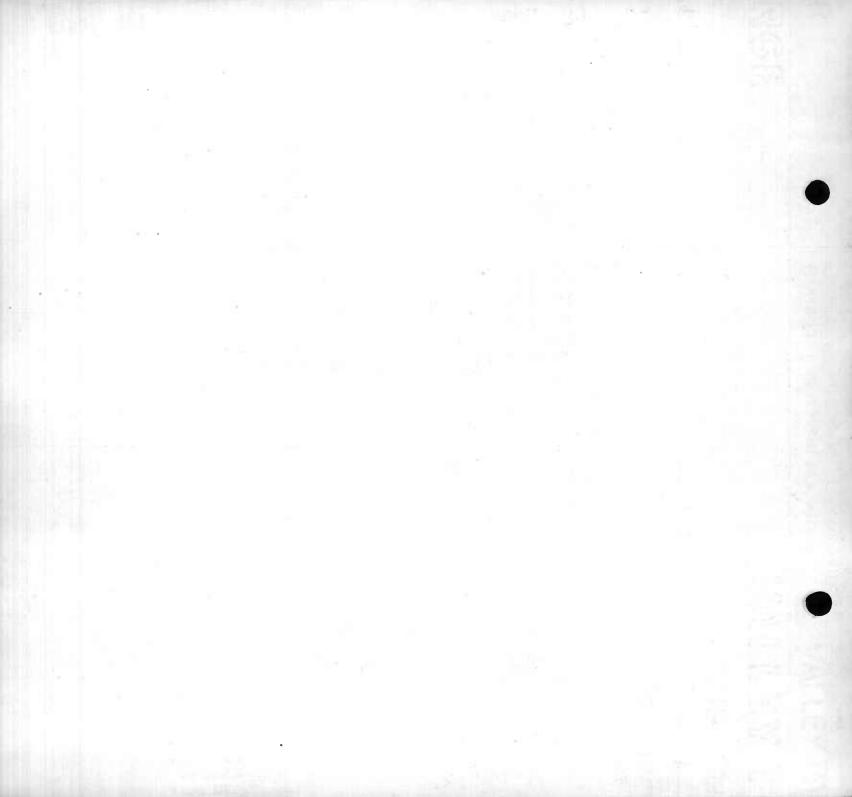
	6 10x 00 000	BALTIMORE CITY	HEALTH DEPARTMENT	60 0000		
	0-600 69 930)8 CERTIFICA	TE OF DEATH	EG. NO. 69 9308		
	Type or Print) E/12 4 heth	SchER	2. DATE AND HOUR	OF DEATH		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where decease	ed lived. If institution; residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?		
31	7		Balto.	YES NO		
	MERCY Hospital		TEMPLE GA	RdEN Apts		
	/ WIDOV		8. DATE OF BIRTH 9. AGE (I lost birthd	Manths Days Hours Min.		
	OA, USUAL OCCUPATION (Give kind of work 10 B, KINI one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	1). BIRTHPLACE (Stote ar foreign country	12. CITIZEN OF WHAT COUNTRY		
	Housewife		BALto Md	21.1.a.		
יוו	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	SAMUEL SILBE	RMAN	HORA COh	1)		
1	5. Was Deceased Ever in U. S. Armed Forces? (es,no grunknown) (if yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
6	No	21305-4556	m. S. David & Ro.	= 305 E. GUST New Yor		
	18.412.3	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		The the muline as in	1. 3		
	(This does not mean the mode of dving.	(A) IMMEDIATE CAU	ISE ACULL PULLMAN AN	y earny our		
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ose,				
	ANTECEDENT CAUSES	Chter	inclusione heart di			
	DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stoling	nt 10 to	A CONSEQUENCE OF:			
	UNDERLYING CONDITION last.	(c) RCL +C	Il preuminia			
	11					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG AL				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Ne) 20B. IF	YES, WERE FINDINGS CONSIDERED		
	19A DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED		YES IN CER	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		If in Ballimere City, give exoct location)		
	21D.TIME (Month! (Doyl (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCC	UR7		
1	(APPROX.)	While At At Work	· 🗆			
	22. I certify that 🔱 (this hospital) attende	d the deceased from	4/15 1967	to 9/11 1967		
	that (1) (we) last sow the deceased alive of	on <u>4//7</u>	19 6 9 and that In (my)	(our) apinian death occurred an the dote		
and have and from the causes stated abave. (1) (We) (did) (did nat) view the body ofter death.						
	23A. SIGNATURE	A44-	4	23B, DATE SIGNED		
		DEGREE Phys		9-18-0/		
L	23C. PHYSICIAN'S NAME (Type) CONSTANTINGS & CIN		MCRCY 40	OP, BALTIMORE, ML		
2	AA. BURIAL CREMATION, 248. DATE 240 REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, tawn, or caunty) (State)		
	Burial 50pt 19, 419	Brow of	rael Bolto	- md		
2	SA. DATE REC'D BY HEALTH DEPT.	HE OF REGISTRAR	25C. FUNERAL DIRECTOR	miles 9610 Restentour F		
I	5 L P Z Z 1003 0404,6 K. 92.	Day M. S.	Sylvan Zeury - Se	mile 9610 Kushintown F		



Catonsville, Md. 21228

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. CERTIFIC	CATE OF DEATH × REG. NO. 69 9310
1. NAME OF DECEASED (Type or Print) Edgar Reed	2 Date and Hour of Death Sept. 18, 1969
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! Maryland General Hospital Baltimore, Md	4. USUAL RESIDENCE (Where doceosed lived, If institution residence before edmission) May and Carrol C. CITY OR TOWN The product of the pro
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if refired) Farmer	TRY 11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Randall Reed	14. MOTHER'S MAIDEN NAME Susan Miller
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 215 -20-767	17. INFORMANT, ADDRESS Patient
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal meon the mode of dying, e.g., heart failure, osthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 48 hrs. AS A CONSEQUENCE OF: Lumatic heart disease Vis
DISEASES OR CONDITIONS, il any, giving nise to the obove couse (A) stating the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED	al artry embolus 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 218. PLACE OF INJURY (e.g. home, form, foctory, sireet, or DEATH (notify medical examiner)	office bldg. INJURY OCCUR? (If In Boltimore City, give exect location)
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this hospital) attended the decrosed from that (1) (we) last saw the decreased alive an	9 12 19 9 to 9 8 19 9 19 9 19 19 09 19 09 ond that in (my) (our) opinion death occurred on the date
DEGGEFF P	Attending Med. Staff 9/18/69
23C.PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of C	
REMOVAL (Specify) Burial Sept. 21, 1969 St. Paul's 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
SEP 2 2 1969 Called E. Jankey M.D.	Tipton - Eline Funeral Home Hampstead, N

Togram is the second of the se

BI	///- 020	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	69 9311
1,	NAME OF DECEASED RUTH D. MARTIN	2. DATE AND HOUR OF DEATH	inion P.
FI	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ILL NAME OF OFFICE OF IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION STITUTION UNITED TO THE PROPERTY OF TH	4. USUAL RESIDENCE (Where deceased lived, If ins	PE CIDXHIMITS?
Y	BALTO, MD.	E. STREET, AND NUMBER TO	ERRECE NO.
	SEX 6. RACE 7 MARRIED NEVER MARRIED	8. DATA OF BIRTH 9. AGE (In years lost bighthous)	If Under 1 Yı. If Under 24 His. Months Days Hours Min.
do	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY be during most of working life, even if relired) NOUSEUNFE FATHER'S NAME	? Virginia	12. CITIZEN OF WHAT COUNTRY
1	AWKENCE CORNELIUS Was Deceased Eyer in U. S. Armed Forces? [16. SOCIAL	Martha Beard 17. INFORMANT	
(Ye	s,no of unknown) (If yes, give wor at doles of service) SECURITY NO.	CHART	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1This does not meon the made of dying, e.g., heart failure, asthenia, elc. It means the disease, injury or complication which caused death.) CAUSE OF DEAT. (A) IMMEDIATE CAL DUE TO, OR AS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. (b) UNDERLYING CONDITIONS, if any, giving the course (C).	ACRANIAL HEMORRE A CONSEQUENCE OF: sacknowdal subolura	1 heroskige
ICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A- DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A.AUTOPSY? (Yes or No) 20B, IF YES, WERE FI	Mill.
CAL CERTIF	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of pearth (notify medical examines) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Relitingre	INDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED While At Not While At Work At Work	1 1 2:00AM	1 10 10:00 PM/ 01
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 9 19 4	19 10 19 ta 19 (aur) opin	an death occurred on the date
	23C.PHYSICIAN'S	nding Med. Staff	23B. DATE/SIGNED
24.	NAME (Type) HARVEY B. SHER DEGREE BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE REMOVAL (Specify)	COUNION MEM.	HOSP,
25.	Burial 9-22-1969 Jessops Methodi Chate Rec'd By Health Dept. SFP 22 1969 Jessops Methodi	St Church Cem. Sparks, Mary 25C. FUNERAL DIRECTOR Wm. Cook-Brooks Towson 10	ADDRESS

9/23/69 address should be 717 Belle Serve ave. 21218. Information obland from "master Tile" union Memorial Hispital. Ct. JAP STURBLE UND HIS (South Block CHI TING JULY SELLE LESSERE 8 H 18 18 8 Aller T HOUSEWIFE LAWKENCE CORNELLS THAND DU MARKED HA JAIMAN AND AND A and the same of th NO distra MARKEY 15 SHE 2 " " L. V. C. MEER 16 11 11 de de la cella de

CE A LUL DEPENDE LUE

D FAN	BALTIMORE CITY	HEALTH DEPARTMENT		69	0249
69 93	12 CERTIFICA	TE OF DEATH	REG. NO	03	9312
I. NAME OF DECEASED	Edone T	2. DATE AND	HOUR OF DEAT	1	1 101 53 6
Thomas	Lugar K	4172 4	-16-6		10:00 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		institution; resid	dence betare odmissian)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Ma.		2.4	104
INSTITUTION	0 0	C. CITY OR TOWN		ISIDE CITY LIMIT	_
00 1815 Ligi	CT UT	E. STREET AND-NUMBER	2026	YES	NO L
		1815	1981	Up.	
123 111	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Manths Do	Yr. If Under 24 Hrs. Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State at fareign	n cauntry)	12. CITIZEN	OF WHAT COUNTRY?
done during most of working life seven il retired)	neth fact	Md.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	- 7	//
John KyAN		DAK D.	AGK	E111	betger
5. Was Deceased Ever in U. S. Armed Farces? (Yes, na of unknawn) (If yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		/ 1	DDRESS
11.5. We T	212-10-7832	FAMI	4-0	JAME	
118. 15291	CAUSE OF DEAT	H		041	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Base	the chopmens	ruia, la	lete 7	WEEN ONSET AND DEATH
LEADING TO DEATH	/A) IMMEDIATE CAL	JSE			
(This does not meen the mode of dying, heart foilure, asthenio, etc. It meens the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:			
injury or complication which caused death.)	Go.	ending lica	cinan	-atrai	
ANTECEDENT CAUSES	(news	of fas	c bou	ul)	
DISEASES OR CONDITIONS, if ony, g	iving DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the obove couse (A) stoling UNDERLYING CONDITION tost.					
THE STATE OF THE S	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					***************************************
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WER	E FINDINGS CO	ONSIDERED ATH?
	21B. PLACE OF INJURY (e.g.,	n ar about 21 C. WHERE DID	(If In Baltim	nare City, give e	xact lacotian)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, form, factory, street, o	ffice bldg., INJURY OCCUR?			
O 21 D. TIME (Month) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
S OF INJURY (APPROX.)	While At Nat Whil	e 🗖			
	Wark At Wark	-11/10	6	1,1,	
22. I certify that (1) (this haspital) attend	led the deceased fram	9/16/67 19	10	166/69	19
that (1) we) last saw the deceased alive	an 9/16/69	19and that	in(my) (aur) a	pfnian death	accurred on the date
and have and from the causes stated aba	ve. (1) (We) (did) (did nat))	riew the bady after death.	-		
23A. SIGNATURS		/		23B, DATE	SIGNED
1 (icanos from	Dh.		haff hys.		
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		-	0
RIGIRDO LOZOD	0	17585 ch	× 51.6	Rultin	MX 2/22/
	DEGREE	FMATORY \$ 240. LO			0
24A. BURIAL CREMATION, 24B. DATE 2.	R. II		1)	(Ciby, town, or c	
10. 7/19/69	SAITIMORE /WA	25C. FUNERAL DIRECTOR	0/6///	11100	
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	, 2	cs t	ADDRESS CL
SFP 2 2 1959 Robert E. Jak.	· ASD	1000	3 - / •) =0	6 70	RI CU
VS 150-REV, 1/176B					

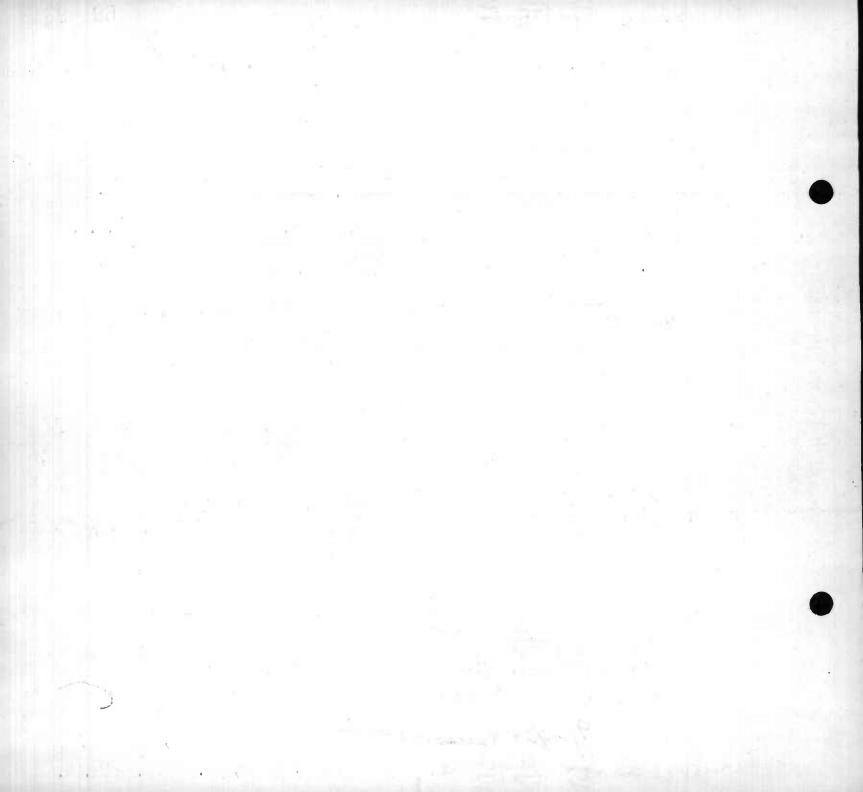
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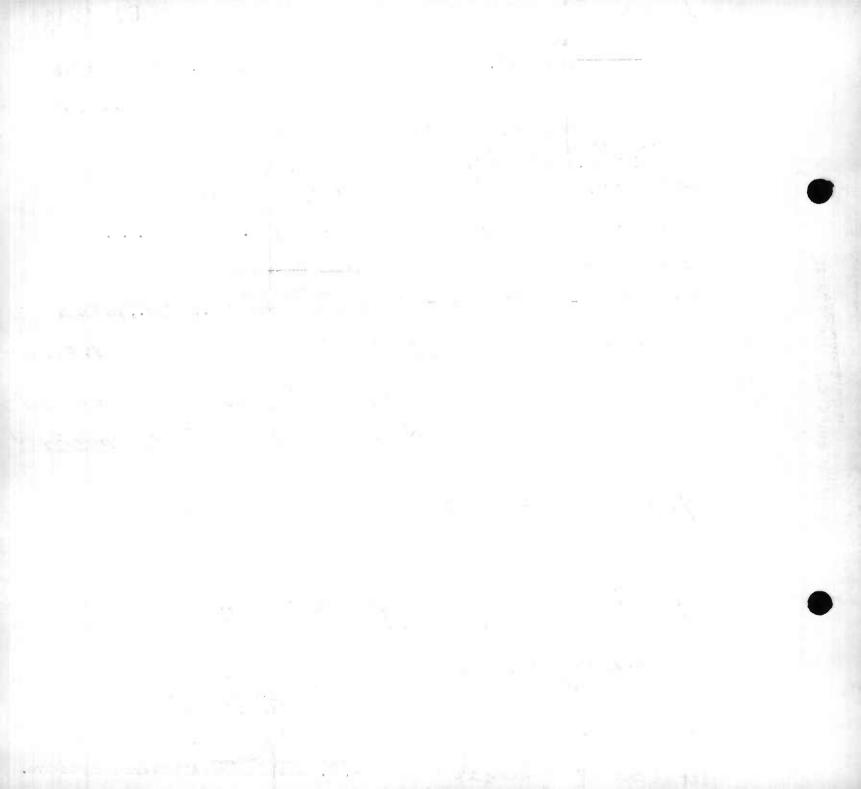
Person Loropa

1255 C. Se S. Bell 45 300

9/10/19



	TH NO.	EASED HOLTHAIR	37		TE OF DEATH		
. , ,	no or Drad					ND HOUR OF DEAT	
3.	PLACE IN BAL	HOLTHAUS, RI	WHERE PRONCING	CED DEAD	Septe	ember 17, 19	969 2:30 A institution: residence before odmis
	177.	mineral mineral by	WINEKE PROHODIN	CED DEAD	A. STATE B. COU	NTY	institution; residence before earnis
FU	LL NAME OF	(IF NOT IN HOSE	PITAL OR INSTITUTION	ON, GIVE STREET	Maryland c. CITY OR TOWN		2/12
IN:	OSPITAL OR STITUTION					D. IN	ISIDE CITY LIMITS?
1		terans Admir			Baltimore		YES X NO
L	-	00 Loch Rave			E. STREET AND NUMBER		
5, S	Ba	ltimore, Mar	cyland 212	18	430 Homeland		
~ ,	Male	White		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours M
.04			WIDOWED	DIVORCED	6/25/96	73	
don	e during most of v	rorking life, even if retired	OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COU
	Barten	der	Tavefar	n	Baltimore, M	Id.	U.S.A.
13.	FATHER'S NAA	A E			14. MOTHER'S MAIDEN NA		
	John U	olthaus			LEONORA Lenera Tyree	TIERTI.	
15.	Wos Deceased	Ever in U. S. Armed F	orces? [1 6	SOCIAL	17. INFORMANT		ADDRESS
(Yes	Vos	1/25/18 - 1	tes of service)	SECURITY NO. 16-30-8939	VA Hospital F		
		1/27/10 - 1/	71/17	CAUSE OF DEAT	3900 Loch Rave	n Blvd. Ba	
	18.5	1.9		4 0			APPROXIMATE INTERV
		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH Preur			monia)		96 Louis
	(This does not meen the mode of dying, e.g., DUE TO OR AS A CONCEQUENCE OF.					76 Nous	
	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.						
					11	·	
	DISEASES OR CONDITIONS, if any, giving (8) Cachella			epa and inco a consequence of: The curhous a	ukon	na approx 1 w	
	rise la lhe	above cause (A	any, giving	DUE IO, OR AS	A CONSEQUENCE OF:	. 0	
	UNDERLYING	CONDITION lost		(c) Hepa	tic curhous a	and hepaton	na approx 141
		11					
ERTIFICATION	OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING				
A	DISEASE OR CO	NOTION GIVEN IN PA	ART I (A).				
Ĕ	MANDATE OF	OPERATION 198, CO	REPORMED TO WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
-	1-9	T WAS UNDERLYING	Estruction	saundere	Yes	I.e	35
9	OR CONTRIBU	TING CAUSE OF	home, i	iam, factory, street, o	n or obout 21C. WHERE DID	(If In Boltim	are City, give exact location)
O		medicol exominer)	etc.)				
CALC		(Manth) (Doy) (Yea		JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
CALC	21D. TIME OF INJURY		I White A	A			
CALC	21 D. TIME OF INJURY (APPROX.)		Wark	At Wark	• 🗆		
MEDICAL C	OF INJURY (APPROX.)	that (1) (this hospit	TYUIK	AT WORK		10 60 4- 54	entember 17th in 6
MEDICAL C	(APPROX.) 22. 1 certify	that ()) (this hospit	al) attended the c	deceased from S	September 13th		eptember 17th 19 6
MEDICAL C	OF INJURY (APPROX) 22. I certify that (I) (we)	last saw the decea	al) attended the c	deceased from September 19	leptember 13th	hat in (ny) (aur) a	entember 17th 19 (
MEDICAL C	OF INJURY (APPROX.) 22. I certify that (I) (we) and have and	last saw the decear	al) attended the c	deceased from September 19	September 13th	hat in (ny) (aur) a	pinian death accurred an the
MEDICAL C	22. I certify that (I) (we) and haur and 23A. SIGNATUI	fram the causes st	ai) attended the cosed alive an	deceased from September 19	ieptember 13th th 19 69 and t	hat in (nly) (aur) a	pinian death accurred an the
MEDICAL C	OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATUI	from the causes st	ai) attended the cosed alive an	deceased from September 19	heptember 13th th 19 69 and to lew the bady after death anding Med. Director	hat in (ny) (aur) a	pinian death accurred an the
MEDICAL C	22. I certify that (I) (we) and haur and 23A. SIGNATUI	from the causes st	ai) attended the cosed alive an	deceased from September 19	teptember 13th 19 69 and the lew the bady after death. Inding Med. Director 123D. ADDRESS	Staff Phys	pinian death accurred an the
MEDICAL C	OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATUI 23C.PHYSICIAI	from the causes st	ai) attended the cosed alive an	deceased from September 19	heptember 13th th 19 69 and the lew the bady after death. Inding Med. Director 123D. ADDRESS 3900 Lo	Stoff [7] Stoff [7] Och Raven B	pinian death accurred an the 23B. DATE SIGNED 9/17/69
MEDICAL C	OF INJURY (APPROX.) 22. I certify: that (I) (we) and haur and 23A. SIGNATUI (23C. PHYSICIAL NAME (Ty)	from the causes st Re Carry Spel AATION, 1248, DATE	al) attended the cosed alive an Sated abave. (N (V	deceased from September 19	heptember 13th th 19 69 and the lew the bady after death. Inding Med. Director 123D. ADDRESS 3900 Lo	Stoff (My) (aur) of Phys. (My)	pinian death accurred an the 23B. DATE SIGNED 9/17/69
WEDICAL C	OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATUI 23C. PHYSICIAL NAME (Ty	from the causes st Re Carry Spel AATION, 1248, DATE	ai) attended the cosed alive an Sated abave. (1) (V	deceased fram September 19 We) (did) (did hold) Attended from Decree Phy	ientember 13th th 19 69 and the state of th	Shoff Phys. 2 och Raven Blockfloor	pinian death accurred an the 23B. DATE SIGNED 9/17/69



VS 151 REV. 1/178B

Lemmon 4611 Park Heights Avenue

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67-11-03 5.3 5.5 8 5 TARREST TAREST THE R. LEWIS CO., LANSING MICH. S. LEWIS CO., LANSING MICH. LANSING, MICH. 497-1497. Complete Lateral Co. 1 . 15

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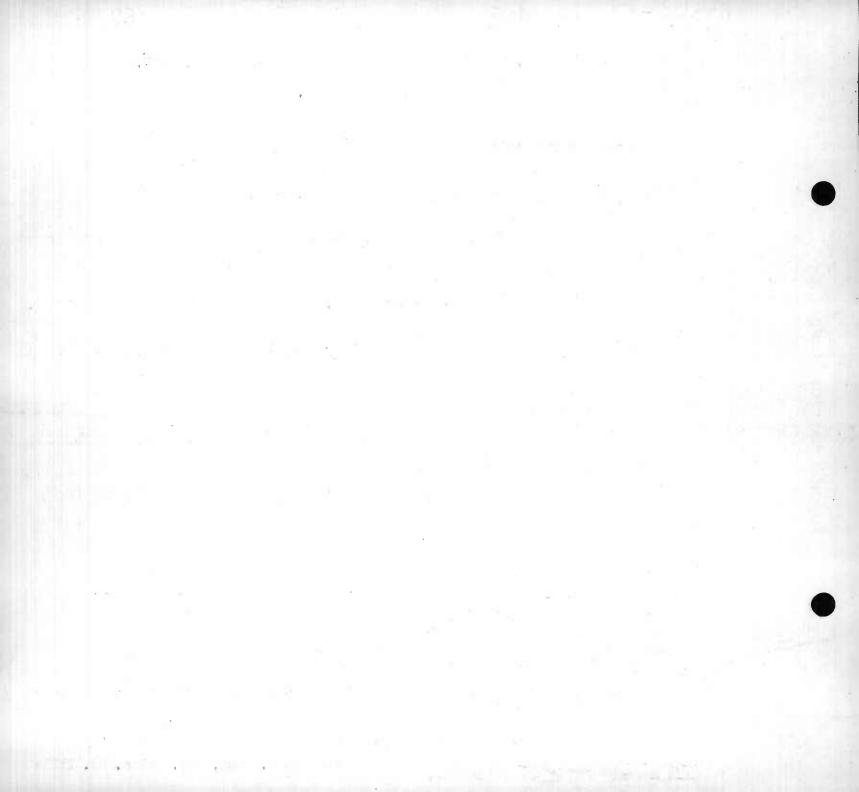
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1 100			BALTIMORE CITY	HEALTH DEPARTMENT		60	9318
L-625 BIRTH NO.	69	9318	CERTIFICA	TE OF DEATH	REG. NO	0.0	2010
NAME OF DECEASED ype or Print)	ARTHU	47	LARSEN	Septer	mber 17, 196	9.]	L:25 A.
ERTIFICATION OF THE PROPERTY O	CATE	AME	NULU	A. STATE B. COUN Md.	NTY	stitution; resider	274/
NSTITUTION	V.,		7-27-07	Baltimore	D. INSI	YES Y	NO
70 House	e in the Pi	nes (Be	lair Rd.)	E. STREET AND NUMBER	4651 Harco		
SEX 6. RA	C F 7		1 November 11 Applem	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Y	t Under 24 H
Male W	nite	WIDOWED		March 6,1887	lost birthdoy) 82 72-	Months Doy:	of WHAT COUNT
one during most of working etired Shipp	life, even if retired)	UB, KIND OF E		orway	ergii coomiy)	U.S.A	
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME		
Sjurg	Larse	en		?	?		
5. Was Deceased Ever i	n U. S. Armed Force	s? 1	6. SOCIAL	17. INFORMANT		ADI	DRESS
Yes, no or unknown) (If ye	s, give wor or dotes	of service!	SECURITY NO. 216-09-5041 CAUSE OF DEAT	Mrs. Karla Lar	sen		Same)
(This does not me heart failure, osther injury or complication ANTEC	CONDITION DIRE ING TO DEATH can the mode of on inio, elc. Il meons I on which caused of CEDENT CAUSES ONDITIONS, if a	dying, e.g., he disease, leath.)	(B)	A CONSEQUENCE OF:		<u> </u>	3mm;
UNDERLYING CO	ove cause (A) : NDITION lost.	stating the	(c)	a.E.	reliete Hunt	0-1	
OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT	NOT RELATED TO THE	TERMINAL 1 (A).	Hypport	20A. AUTOPSY? (Yes or N			VSIDEBED
19A. DATE OF OPER	WAS PERFO	RMED	HICH OPERATION	ZOA. AUTOFST: (Tes of It	IN CERTIFYING CA	USES OF DEAT	H?
OR CONTRIBUTING DEATH (notify medic	CAUSE OF	21 B. P home,	LACE OF INJURY (e.g., form, foctory, street, c	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exc	oct location)
י י			NJURY OCCURRED At Work		JURY OCCUR?		/ /
22 Logetify that	(I) (ahira hasariagi)	attended the	deceased fram	, 18/24/	19 69 to	9	1/17/19 65
		L	91	16/19 6 g and t	hat in (my) (aux) ani	nian death o	coursed on the
that (I) (me) last						man deam o	ccorred arrive t
	the causes state	d abave. (1)	(We) (did) (did nat)	view the bady after death.		23B, DATE SI	GNED
23A. SIGNATURE	- D Dun	elen /	AH OEGREE	ending Med. Director	Staff Phys.	9//	7/69
Z3C. PHYSICIAN'S NAME (Type)	Albert B.	Bradley	M.D.	23D. ADDRESS 4900	Belair Road		
24A. BURIAL CREMATIC		24C. NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or co	unty) (State
Burial (Specify	9/20/6	9 Mo	reland Memor	ial Park Ba	ltimore, Mar	yland	
SFP 2 2 1969			GISTRAR	25C. FUNERAL DIRECTO			ADDRESS
/S 150-REV. 1/1/68		9 6	7 0	0 3 0 7			

Naturalization Certificate and U.S. Passport of the deceased - 9-25-69 M.H.

R-15	00	BALTIMORE	CITY HEALTH DEPARTMENT		69 9319
BIRTH NO.	69	9319 CERTIFI	CATE OF DEATH	REG. NO	
. NAME OF DEC	374939	A. BROWN	Septe	mber 18, 19	969.
. PLACE IN BAL	TIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If i	nstitution: residence before odmissi
ULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Md.		833
OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
			Baltimore		YES X NO
10	Gould Convale	sarium	E. STREET AND NUMBER		
				LILL N. Po	ort Street
. SEX		MARRIED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
Female	White	WIDOWED DIVORCED		80	
		OB. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUN
	working life, even if retired)	77	Granta and	arrales a	TTC
3. FATHER'S NA		Nurse	Czechos]		USA
	Frank V			Anna Stu	
S. Was Deceased Les, no or unknown	Ever in U. S. Armed Force	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		212-18-77	30 Mrs. Marie	earl . 7208	McClean Blud
1B. 9 0 /	101	CAUSE OF D	EATH THE THE T	Our I / Loc	APPROXIMATE INTERVA
DISEA	SE OR CONDITION DIRE	CTLY	4.	0 1 0	
	LEADING TO DEATH		trine ales	1 1/2. bo	mala nolla
(This does	not mean the mode of a	dying, e.g., (A) IMMEDIA!	P AS A CONSTRUENCE OF	Leugu	TIME TO JACON
heart failure,	oslhenio, etc. Il meons I	he diseose,	CAUSE THE MAN HOLE RAS A CONSTRUENCE OF:		
	nplication which caused o	ieam.)			
	ANTECEDENT CAUSES	(B)			
	OR CONDITIONS, if a	.,, 33	R AS A CONSEQUENCE OF:		
	e obove cause (A) : G CONDITION lost,	(C)			
	11	(~/seconosis-100			
OTHER SIGNI	FICANT CONDITIONS CON	TRIBUTING			
TO THE DEA	TH BUT NOT RELATED TO THE	E TERMINAL			
19A. DATE O	POPERATION 198. COND	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED
	WAS PERFO		No	IN CERTIFIEN CA	AUSES OF DEATH!
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21 B. PLACE OF INJURY	e.g., in or obout 21 C. WHERE DID et, office bldg., INJURY OCCUR?	(If In Baltimo	re City, give exoct locotion)
	y medical exominer)	etc.)			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY			While [7]		
(AFFROA)		Work At	Work U		
22. I certify	that (1) (t his hospital)	attended the deceased fram.	10-70-44	19ta9	18-49 19
that (I) (we	last saw the deceased	alive an 9-13-4	9 19 and th	at in (my) (our) ap	inian death accurred an the
			at) view the bady after death.		
23A. SIGNAT		d dbdve. (i) (we) (did) (did ii	at/ view the bady after death.		23B, DATE SIGNED
237. 310,14	In Do	le no D	Attending Med.	Staff [7]	0-10-1
U. 1	1. I-eas	M. POEGREE	Phys. Director	Phys.	751869
23C. PHYSICIA	AN'S Typel	FAKE	4508 Herr	los Per	ad Rallo. Wed 21
	(1. W.		GREE 1500 /100g	241	7
4A. BURIAL CRE	MATION, 24B. DATE	24C. NAME of CEMETERY	CREMATORY 245. L	OCATION (C	city, town, or county) (Stot
Bur		9. Lake View Me	em. Cemetery	Sykesvil	Md.
SA. DATE REC'D					C. IIIU
	116610	25B. NAME OF REGISTRAR	em. Cemetery	Dynosvii	ADDRESS
CED OC	/// 0		25C. FUNERAL DIRECTOR		ADDRESS
SEP 25	/// 0		25C. FUNERAL DIRECTOR		



IMPORTANT

FUNERAL DIRECTOR:

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before D. INSIDE CITY LIMITS' YES X NO 2600 Ailsa Avenue If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? USA Catherine Pertoso ADDRESS (Same) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location and that in (my) (aur) aplnian death accurred an the date 23B, DATE SIGNED (City, town, or county) deceased MAME OF REGISTRAR Leonard J. Ruck, Inc. Balto. Md. 21214 3 V\$ 150-REV. 1/1/68

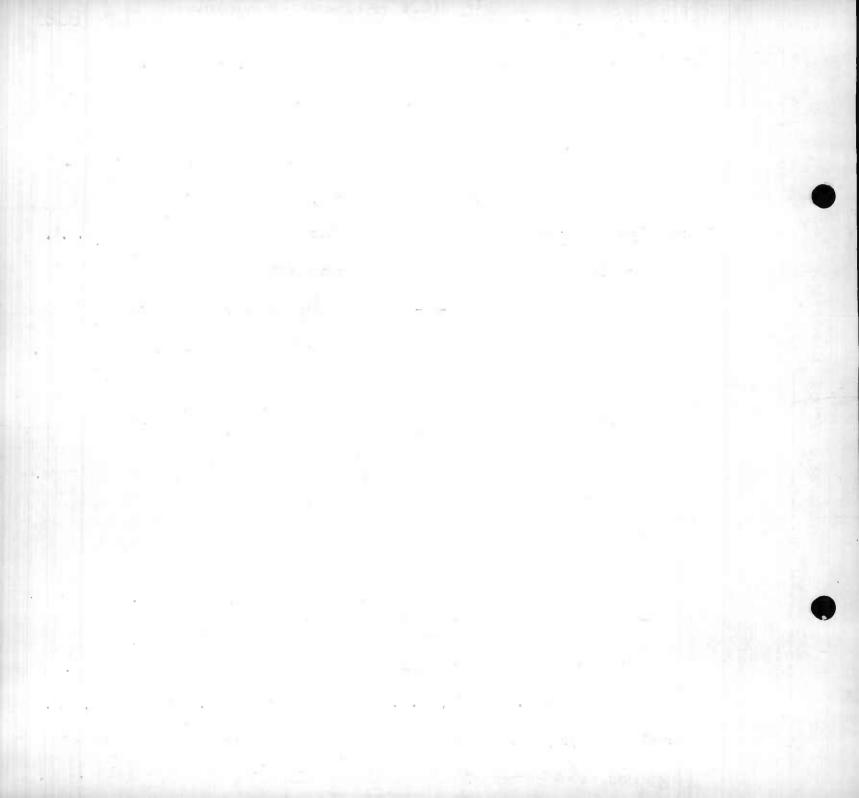
BALTIMORE CITY HEALTH DEPARTMENT

TREES Japoni C. Share and the second

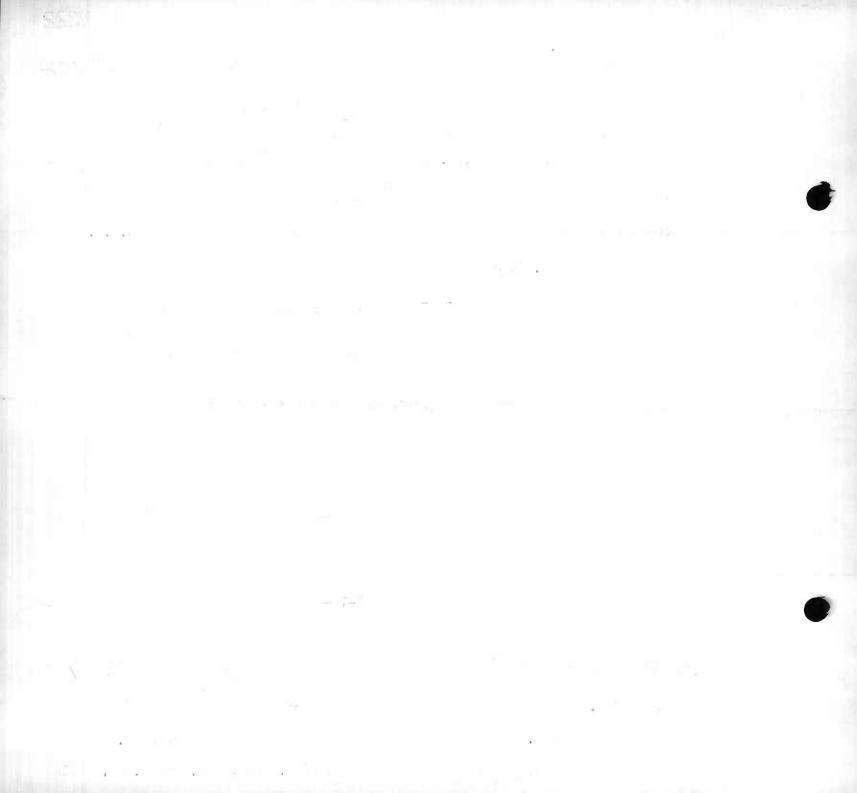
Leonard

IMPORTANT

FUNERAL DIRECTOR:



J-4J	-99-30]	69 9322 CERTIFICATE OF DEATH REG. NO. 69 9322
	and eath ased the Such	I. NAME OF DECEASED
	of deat Obcease e on th	WYPE OF PARTIE 18/169 5:45 A
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
	a hos cause se; (5) andanc to de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN D. INSIDE CITY LIMITS?
	- 3 -	BALTIMORE CITY HOSPITALS BALTIMORE YESD NOT
	ting d cau	4940 Eastern Avenue, Baltimore, Md. 21224 E. STREET AND NUMBER 33/2 ROSEKEMPAVENUE 21215
-	d a b	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Days Hours; Min.
1	contril contril letermir in regul eceased	Female White WIDOWED DIVORCED 4-8-1951
		10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) None Maryland U.S.A.
-	direct or 1; (4) Under th was in the desired disposition	James C. Barnette 14. MOTHER'S MAIDEN NAME Virginia Frymyer
IAN	and and	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 16. SOCIAL 219-50-5463
S	if the sany ki	Records: BCH-4940 Eastern Avenue 21224 [18. CAUSE OF DEATH APPROXIMATE INTERVAL
5 5	204 5 6 0	DISEASE OF CONDITION DIRECTLY
		LEADING TO DEATH (This does not mean the mode of dying, e.g., heort loiture, asthenia, etc., it means the disease, injury or complication which caused death,) (A) IMMEDIATE CAUSE #** MORRHAGE FROM SANT DUE TO, OR AS A CONSEQUENCE OF:
013	E.S.T. o Do	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving DUE 10, OR AS A CONSEQUENCE OF:
DIRECTOR:		rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)
	nief medical a medical e ody burns; (3 ne physician sician was ii	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERAL		194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION YES 199. OPE
H	y the	II IN BOSTIMOTE CITY, give exact location)
	atur pt v (6)	DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
	pro the ny exc an	22. I certify that (1) (this hospital) attended the deceased from 1-12- 19 6 Zta 9 19 6
	000	that (1) (we) last saw the deceased alive an
	be nt ut pit pit seat	and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.
	3 6 .5 6 6	Sichard K. Maa george Phys. Attending Med. Staff & 9/18/1969
	y was rely y was rely (1) An acc).A. at a b od prior to	230. PHYSICIAN'S NAME (Type) Richard K. Maza 23D. ADDRESS 4940 Eastern Avenue Baltimore, Maryland 21224
	certificate body was vs. (1) An a b.O.A. at ased prior	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY of CREMATORY Parial 24D. LOCATION (City, town, or county) Baltimore, Md.
	This certif the body shows: (1) was D.O. deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR LOONARD J. Ruck, Inc. Balto. Md. 21214
	3	VS 150-REV. 1/1/68



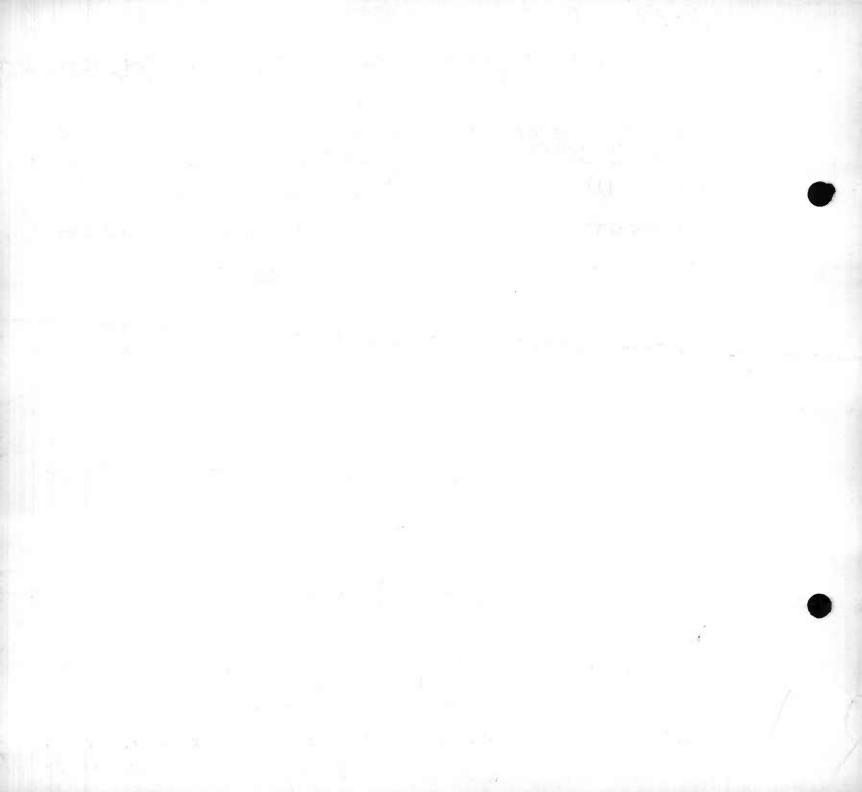
BIRTH I	-236 69	0.555	ATE OF DEATH	5. NO. 69	9323
	E OF DECEASED		2. DATE AND HOUR O	F DEATH	
(Type o	GEORG	E . ROCKSTROH	September 1		5:00 P
3. PLA	CE IN BALTIMORE, MARYLAND,	, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. Il institution: reside	nce belore admission)
FILL N	NAME OF (IF NOT IN HOS	PITAL OF INSTITUTION GIVE STREET	Md.		1608
HOSPIT	TAL OR ADDRESS OR LO	SPITAL OR INSTITUTION, GIVE STREET OCATION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS	37
	5 11011		Baltimore	YES X	NO 🗌
00	3417 E. Pr	ratt Street	E. STREET AND NUMBER		
			3417	E. Pratt Stre	et
S. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lost birthdoy	yeors II Under 1 Y Months; Doy	r. If Under 24 Hrs.
Ma.	le White	WIDOWED DIVORCED	July 18, 1929.	40	's Hours will.
OA. US	UAL OCCUPATION (Give kind of		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	ring most of working life, even if retire	CT - T - T MA	363	71	7C3 A
	indensens Maintin	ience souss or im-	Maryland	0	SA
13. FAT	HER'S NAME	7 D -1 -1 -1	14. MOTHER'S MAIDEN NAME	D 2	
	George	J. Rockstroh	Ei	mma Deyle	
	Deceased Ever in U. S. Armed or unknown) (If yes, give wor or		17. INFORMANT	AD	DRESS
	es WW	2 216-24-1139	Mr. George J. Rockst		Same)
1B.	フラウ XI	CAUSE OF DEA	TH		PROXIMATE INTERVAL
	DISEASE OF CONDITION		lampenedial int	- Vina	10 min ?
/Th	LEADING TO DEA	(A) IMMEDIATE CA		anguari	- man
he	arl failure, asthenia, etc. It med	ans the disease,	A CONSEQUENCE OF:		
inj	ury or complication which caus	2 - 2	0 +	1	72 m
	ANTECEDENT CAU	(B)	le overley	/`	ye i
	SEASES OR CONDITIONS,		S A CONSEQUENCE OF		'>
	e Ia The abave cause (NDERLYING CONDITION last.	A) staling the try	entensive CVP		9
	II	W B			
	HER SIGNIFICANT CONDITIONS				
A DIS	THE DEATH BUT NOT RELATED T SEASE OR CONDITION GIVEN IN				
	A. DATE OF OPERATION 198. C	ONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF Y	ES, WERE FINDINGS CO FYING CAUSES OF DEA	NSIDERED TH?
# C					
OP	A. ACCIDENT WAS UNDERLYING CAUSE OF	G 218. PLACE OF INJURY (e.g. home, form, factory, street.	in or obout 21C. WHERE DID (If office bldg., INJURY OCCUR?	in Boltimore City, give ex	oct locotion)
DE DE	ATH (notily medical examiner)	etc.)			
210	D. TIME (Month) (Doy) (Ye	eor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?	
>	INJURY PPROX.)	While At Not WI	ile		
		Work At Wor		Cont	17 .10
		ital) attended the deceased fram			119.6.7
	at (I) (we) lost saw the dece		19 69 ond that in(my)	(our) opinion death a	ccurred an the dat
		stated abave. (1) (We) (did) √did not)	view the bady after death.		
23A	A. SIGNATURE			238. DATE SI	GNED
	0 1)0/1		ys. Med. Staff Phys.	9	119/69
230	C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	1-1) 1 1
	BURTO	NVILOCK	2936 2 Da	Sto XII	culto med
24A. BI	URIAL CREMATION, 248. DATE	24C, NAME of CEMETERY of C		(City, town, or co	unty) (Stote)
RI	EMOVAL (Specify)				21224
	Burial 9/20,	/69. Gardens of Fait		imore, Md.	ADDRESS
25A. D	ATE REC'D BY HEALTH DEPT	BES E. James of REGISTRAR	Leonard J. Ruck, I		ADDRESS 27271
		Deep of James 1	Dougard D. Huck, I	HO. DALOU. PA	
\$ 150	-REV. 1/1/6B				

Hart . H. . Date: . Dr. . Car valor

DIRECTOR:

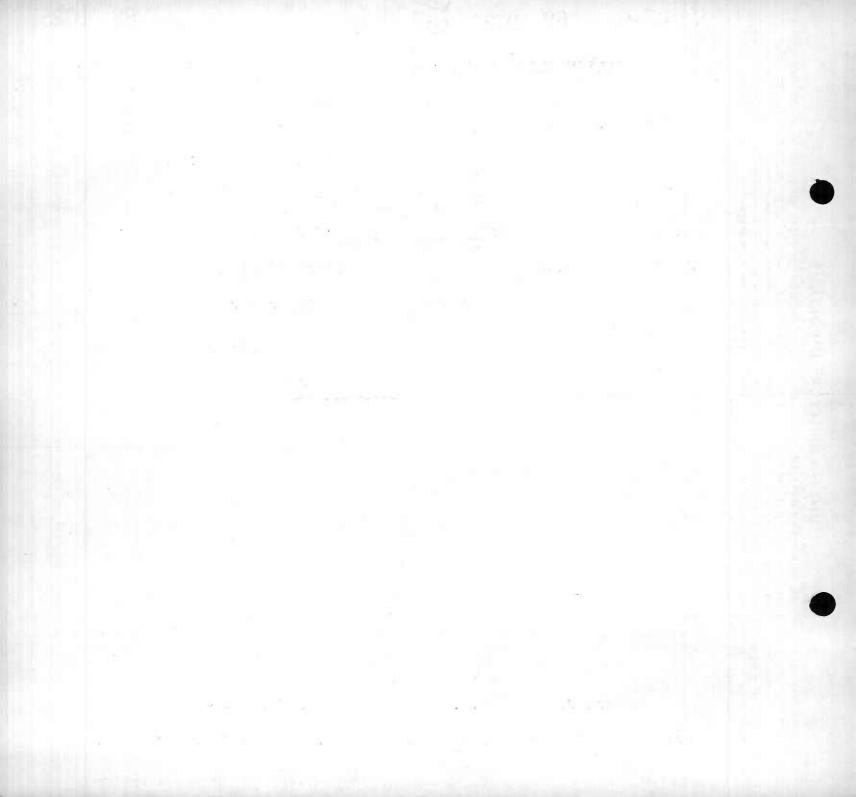
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES If Under 1 Yr. Months! Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? OLAND VETTOR ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PULMONARY MY PERTENSIA month 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED LUNGS ONLY IN CERTIFING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 238, DATE SIGNED JAINERSITY OF MD. HOSF Baltimore City, Maryland hAS T. EVANSYJON



FUNERAL DIRECTOR: IMPORTANT

NI>	00		BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
N-550	69	9325	CERTIFICA	TE OF DEATH	REG. NO.	69 9325
IRTH NO.					AND HOUR OF DEATH	
Type or Print)		55000				1 10 00 0
3. PLACE IN BALTIMORE,	IAM CLI				here deceased lived to in	stitution; residence before admission)
	, , , , , , , , , , , , , , , , , , , ,	ERE TROTTO DITT	ord bridge	A. STATE B. CO	UNTY	2420
TULL NAME OF (IF NAME OR ADE	OT IN HOSPITAL	OR INSTITUTIO	ON, GIVE STREET	Md.		2137
NSTITUTION				C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
5212 Loc	en kaven	BIVa.		Baltimore		YES NO
10				E. STREET AND NUMBER		
					Raven Blvd.	
SEX 6. RACE	7	· MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
M W		WID OWED	DIVORCED	Jan 6 1897	72	
DA, USUAL OCCUPATION one during most of working life		OB. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY
Ret. Salesma		Drug		New Jerse	· V	USA
3. FATHER'S NAME	491	Di ug		14. MOTHER'S MAIDEN N		007
William B.		9 1		Laura Min	nick	40005
5. Was Deceased Ever in U Yes, no or unknown) (If yes, s	j. 5. Armed Force	of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		21	2-03-0092	Family re	cords	
1B. 1. 1 1 A CI	1		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CO	ONDITION DIRE	CTLY		/1)/,	BETWEEN ONSET AND DEATH
	TO DEATH		(A) IMMEDIATE CAU	(MONAUS	Ambron.	menente.
(This does not meon			DUE TO, OR AS	CONSEQUENCE OF:		
heart failure, asthenia, injury or camplication						
	ENT CAUSES		4	Com		
			(B)	A CONSEQUENCE OF:		
DISEASES OR CON		, ,	DOE 10, OR AS	A CONSEQUENCE OF.		
UNDERLYING COND			(C)			
	II					
OTHER SIGNIFICANT CO						
TO THE DEATH BUT NO						
19A. DATE OF OPERATI		ITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
	WAS TERIO	KIVIED			ockiii iiito ox	oses of beatti.
OR CONTRIBUTING	UNDERLYING T	21 B. PL.	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimor	e City, give exoct (acation)
DEATH (notify medical		etc.)	idini, locidly, sileet, di	nce blugs, Into all occor.		
21 D. TIME (Month)	(Doy) (Year)	(Hour) 21E IN	JURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
OF INJURY		While	At Work			
(APPROX.)		Work				1. 10
22. I certify that (1)	(this haspital)	attended the	deceased fram/		19ta	9/17 19/2/
that (I) (we) last say	v the deceased	olive on	9 116	19 69 and	that in (my) (aur) api	nian death occurred an the date
and haur and from th	e causes state	d abave. (1) ((41d nat) (41d nat)	iew the bady after deat		
23A. SIGNATURE	7	A	-0) (2/4) (2/2 //2/) (The day die dear		23B, DATE SIGNED
	hu de	211	Atte	nding Med.	Staff	
SOC BUILDING	XI-IU)	OE GREE Phys	. Director	Staff Phys.	
23C. PHYSICIAN'S NAME (Type)				3D. ADDRESS		
Rober	t J. Ma	hon M.) DEGREE	204 E. Jop	pa road	
4A. BURIAL CREMATION,	24B. DATE		E of CEMETERY OF CRE			ty, town, or county) (State)
REMOVAL (Specify)	9/20/60	Du1-	nev Valle	MEM B	altimore C	o Md
Burial	9/20/69 TH DEPT. 12	SR NAME OF	eney Valle	y MEM. B	Baltimore Co	O. Md.
FR 6 6 9666	200 3	a Car Re D	6.			
FAX RODA	Contra de la			8802 Harfo	Evans & Son ord Road	
S 150-REV, 1/1/6B				1 1 2	2	

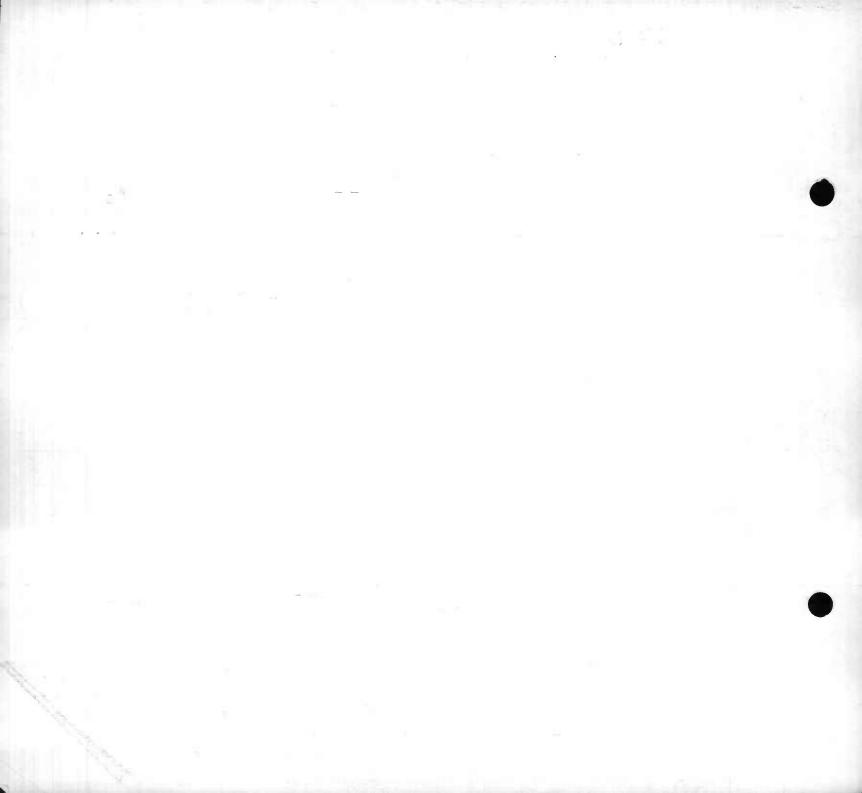


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

6-4	69	9326		Y HEALTH DEPARTMENT	REG. NO.	69 9326
I. NAME OF DE	101日かんしつ		CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	
BABY	GIRL A DIE G			9-1	3-65 6	50 .
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived If in	nstitution: residence before admission)
FULL NAME O	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	MARYLAND		906
INSTITUTION	1.			C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
JAMn'	HORE CYT	V 460	OPITAL S	BALTIMORE E. STREET AND NUMBER		YES A NO
	TERN AVENUE,				n. street 212	218
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
FEMALE	NE B RO	WIDOWED		9-6-69	A STATE OF THE STA	Monins Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of wo of working life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Id	oreign country)	12. CITIZEN OF WHAT COUNTRY
	7			MARYLAND		U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME	
				NADINE CECH	ELIA GALE	
5. Was Decease Yes, no or unknow	ed Ever in U. S. Armed Forn) (If yes, give war or do	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESD1224
			Jecomiii No.	BCH RECORDS	5 4940 EASTER	N AVENUE BALTO. MD.
18. // >	2 2 1		CAUSE OF DEAT		19-10 2710221	
TOISE	ASE OR CONDITION D	INC.TI V				APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
Diser	LEADING TO DEATH		Card	is Respirate	ory ARR	2 2
(This does	not meen the mode of	dving eg	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	***************************************	
heart failure	, asthenio, etc. It means implication which caused	the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
,	ANTECEDENT CAUSES		inna	TURITY		
510-10-0						
rise la Il	OR CONDITIONS, il he above cause (A) IG CONDITION last,	any, giving slaling the	(c)	A CONSEQUENCE OF:		***************************************
	11		(0/		************************	***************************************
= ITO THE DEA	IFICANT CONDITIONS CO TH BUT NOT RELATED TO 1	HE TERMINAL				
19A.DATE O	CONDITION GIVEN IN PAI	RT I (A).	/HICH OPERATION	120 A ALLEO BEVO (V.	N-II oon as week	
2	WAS PER	FORMED	THICH OFENATION	Y CS	No. 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
21A ACCIDE	ENT WAS UNDERLYING	7 218	BLACE OF INITION/ 1			YES
OR CONTRIB	ENT WAS UNDERLYING [UTING] CAUSE OF y medicol exominer	hamelc.)	, lorm, lociory, street of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
(APPROX.)		Whit	e At D Not While			
22 1	.1. (1) (1	War	To Truin			
44. I certify	y that (1) (this hospita	i) attended th	e deceased from	7 - 6	19 <u>6 3</u> ta	2-13 1969
that (I) (we) last sow the decease	ed alive on	7 - /3	19 <u>6</u> 9ond	that In(my) (our) opti	nion death accurred on the dote
ond hour an	nd fram the causes sta	ted abave. (1)	(We) (did) (did nat) v	iew the bady after death		
23A. SIGNATI	URE			Town the body differ deals	•	23 B, DATE SIGNED
	137/12	to /	Atter	nding Med.	Staff (30)	
23C.PHYSICI	ANS	//	DE GREE Phys	. U Director U	Staff Phys.	7-13-69
NAME (lypel	UMEE	4.0	3D. ADDRESS EASTERN	AVE. BALTO.	
A. BURIAL CRE	Specify) 248, DATE	24C.NA	ME of CEMETERY OF CRE			y, town, or county) (State)
	9-15-6			100		
remated			timore City H		940 Eastern	Yenue, Baltimore, Md
TD 0 0 10	R9 RBLEE	25B NAME O	REGISTRAR	25C. FUNERAL SHOPE	AT. DISPUR	ADDRESS
- YZZ B		164	de.	DOOTT		
S 150-REV. 1/1/	68					

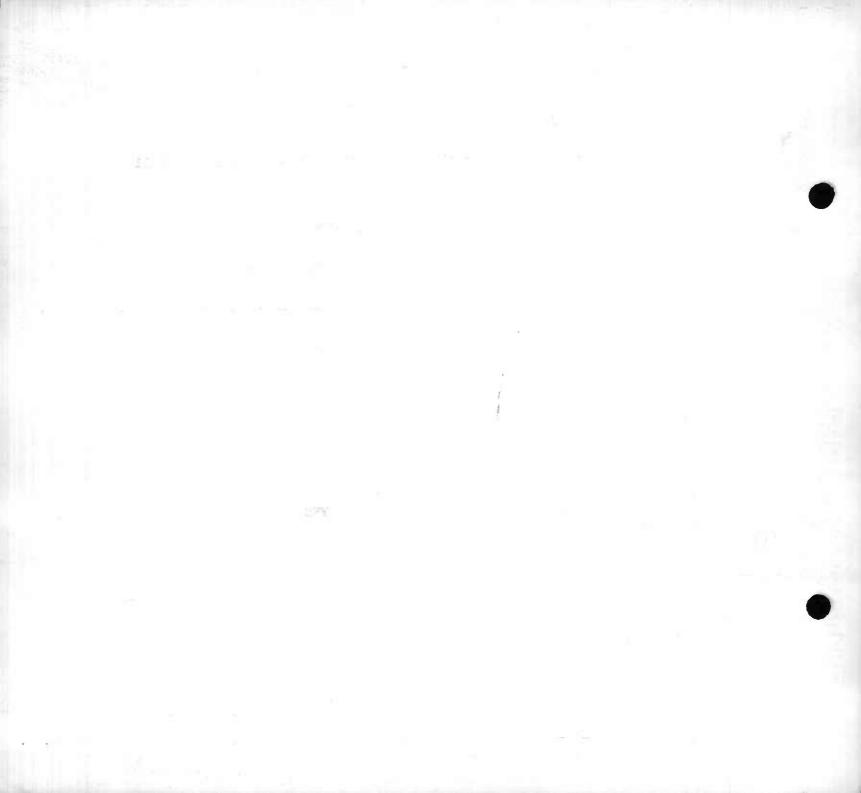


VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? NO If Under 24 Hrs. If Under 1 Yt. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES (If In Boltimore City, give exact location) 9-10 69 69 ond that in(my) (our) opinion death occurred on the date 238 DATE SIGNED 0.64. (City, town, or county) 4940 Eastern Avenue, Baltimore, Md. ADDRESS



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

State of Headible BULL REPORT TO STORE MARKET TO SEE STATE STATE OF THE SECOND STATE BALTIMORE CITY HEALTH DEPARTMENT

Own A Bryant

MARKYLARY

Amunda Beil

22c 24-2793 Charles Bayont 3304 6-1

Burner

7/24/49 STTHEMAS CEM RANDAL TOWN

WIN MARCH 928 25 NORTH

Such

and

C1-45	5 60	933	4	HEALTH DEPARTM	\/	69 9331
BIRTH NO.		ODO	- CERTIFICA	TE OF DEA	ATE AND HOUR OF DE	
Type or Print)		LASSMAN	1		EPTEMBER 16,	1 1 3 1
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	DUNCED DEAD	4. USUAL RESIDENC	E (Where deceased lived. COUNTY	If institution: residence before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITATION	TUTION, GIVE STREET	C. CITY OR TOWN	1/4/18/1	INSIDE CITY LIMITS? 530
42	SINAI	HOSPITA	L	E. STREET AND NUM	RE WBER	YES NO L
	(To		6205 NORVA	ROAD #21207	
FEMALE	6. RACE WHITE	WIDOWED		9-20-95	lost birthdoy)	Months Doys Hours Min.
one during most of w	PATION (Give kind of work rorking life, even if retired) SEWIFE	İ	F BUSINESS OR INDUSTRY		or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAM	RUBIN G	OL O STE1	IN	14. MOTHER'S MAID		
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	(If yes, give war or date	s or service)	SECURITY NO.	MR. IRVIN	GLASSMAN. 620	5 NORVA ROAD #21207
1B. 44 10	.91		CAUSE OF DEAT		0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DI LEADING TO DEATH	RECTLY		(1)	· · · Oc	
hearl failure, injury or com A DISEASES Orise la lhe	ol meon the made af asthenia, etc. II means plication which caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A)	the disease deoth.)	(B)	A CONSEQUENCE OF)	
UNDERLYING	CONDITION last,		(c)			
TO THE DEATH	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAI	HE TERMINAL		•		
	OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBU	TING CAUSE OF	21 ho	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o	n or obout 21C. WHERE ffice bldg., INJURY OC	DID (If In Bal	timare City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	w	E. INJURY OCCURRED (hile At Not While ork At Work	e —	DID INJURY OCCUR?	
22. I certify	that (1) (this haspita	l) attended	the deceased fram	9-1	3 1969 to	9-16 1969
that (I) (we)	last saw the decease	ed alive an.	9-1	6 1965	ond that in (my) (our)	opinian deoth occurred on the dot
		pod abave.	(1) (We) (did) (did nat) v	view the bady after	death.	
23A. SIGNATU	RE Q A A	X	Deur DEGREE Phy	ending Med.	Staff Phys.	9/17/6G
23C. PHYSICIA NAME (T)	r's pel	10	DEGREE	23D. ADDRESS		
AA DIIDIAI COS	JEROME 3	COLLI		2217 SOUT		(City town or county) (State)
REMOVAL (S BURIAL	pecify)	39 P	HEBREW FRIENDS:		BALTIMOT	(City, town, or county) (Stote) RE, MARYLAND
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
CORP.	2 1959 16Beck	E Jak	364 Mills	SOL LEVIN	ISON & BROS. I	6010 REISTERSTOWN RD.

-			69 9	332	BALTIMORE CIT	Y HEALTH	DEPAR	TMENT				
7	-25	00		ICAL	EXAMINER	'S CERT	TIFIC	CATE OF	DEAT	H	6	9 922
BIR	TH NO.									REG. NO.		U 040
	AME OF DE		TITANT TO	A CITAT	1510111	2. D/	ATE OF	Known	Month	Day	Year	Haur
1 0	LACE IN DA				(FAGAN)		ATH	Estimoted 🗌	Septe	mber 17,	1969 Yeor	4:50A.M.
FULI	NAME OF	(IF NO	T IN HOSPITA	LORINS	TITUTION, GIVE STREET	11		NCED DEAD		mber 17,		
OR I	NSTITUTION	ADDR	ESS OR LOCA	TION)		5. US	UAL RE	SIDENCE (Where				4:50 A. M. pefare admission)
1	1	900 E.	Pratt	Stree	et	A. ST	ATE	Maryland	1	B. COUNTY	3	2.01
6. S	- Section 1	7. RACE			HED NEVER MARRIE	D C. CI	Y OR		-	D. INSIDE CIT	Y LIMITS?	
]	Ma le	Whit	te	WIDOV		[7]	alti	more		YES	S X	№ □
9. D	ATE OF BIRT	TH	10. AGE (In		If Under 1 Yr. If Under 2 Months , Days , Haurs		REET A	ND NUMBER				
			78	XX		1		E. Pratt	Street			
11, 1	BIRTHPLACE (gn country)		12. CITIZEN OF WHAT COUNTRY?	13. FA		NAME				
1.44		RUSSIA		1 AR MINI	USA OF BUSINESS OR INC	NICTOV 15 A	-	EPH FAGAN	11E			
dane	duri GRUCE	working life, e	ven if retired)		ELF EMPLOYED	1		THA ?	VIL.			
16	WAS DECEAS	SED EVER IN	U.S. ARMED	FORCE	S? IT. SOCIAL		FORM			AD	DRESS	
(Yes	no ar paknow	(If yes, give	wor or dates	of service	SECURITY NO	0 4		OSE FAGAN	. 1900	E. PRAT	T ST.	#21231
	19.	20/		2	CAUSE O				,		AP	PROXIMATE INTERVAL
Н	DISEAS	SE OR CONI	DITION DIRE	CTIV	Arte	erioscl	erot	ic Cardio	vascu	ar Disea		EEN ONSET AND DEATH
		LEADING TO	O DEATH		(A)IMME	DIATE CAUSE						
	heart failure	e, asthenia, et	c. It means the	disease,		O, OR AS A CO	N SEQ	JENCE OF:				
	injury or co	mplicotian wh	ich coused de	oth.)								
		NTECEDENT			(B)	O, OR AS A C	ONICEO	HENCE OF				
	RISE TO TH	IE ABOVE CA	IONS, IF ANY	ING THE	DOE I	O, OK AS A C	ONSEG	UENCE OF:				
Z	UNDERLYI	NG CONDIT	ION LAST.		(C)							
CERTIFICATION	OTHER SIG	NIFICANT CO	II INDITIONS C	ONTRIBU	TING							
E S	TO THE DE	ATH BUT NO	T RELATED TO	THE TERM	INAL							
ERT					FOR WHICH OPERATIO	ON WAS PER	FORM	ED			21. AUTO	PSY? (Yes or Na)
O	0										n	.0
\₹	22A. EXTER	RNAL CAUSE			22B. PLACE OF INJUR home, farm, foctory, street	Y (e.g., in or c	etc.) IN	C. WHERE DID	(If in Baltima	re City, give exoc	t location)	
9	UTING C	AUSE OF DE	ATH.									
2	OF INJURY	(Manth) (Doy) (Yea	r) (Hau	r) 22E.INJURY OCCU	NOT WHILE	_ 22	F. HOW DID IN	JURY OCC	UR?		
	(APPROX.)				m. WORK	AT WORK						
		tify that I l	held on l	nguiry	Inspection 🔀	Autopsy		and that on t	his bosis,	death in my	pinion	
			Natural cau			Suicide		micide 🗌		ned monner	j	
		/-)	1 0	11 1		c	HIEF MEDICAL I	EXAMINER			DATE CICNED
	SIGNA		wed	11	Khulel	M.D.	ASSIS	TANT MEDICAL	EXAMINER			DATE SIGNED
	EXAMIN	VER'S RC	na 1d N	· Kor	rblum, M.D.		ASSO	CIATE MEDICAL	EXAMINER		9/	17/69
24	NAME (OUR DATE		LOUG NAME (CEM	FTERV CR	- ALATO	nv 240	LOCATION	1000		\ \(\(\(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	NOVAL (Spec		24B. DATE		24C. NAME of CEM	EIERT OF CR	EMAIO	KT 24D.	LOCATION	(City, town,	ar county) (Stote)
_	BURI	1	9-18-	69	MOGAN ABR	ZAHAM		UNIED AL DIDECT		DALE, MA	RYLAN	D
25	. DATE REC'E	BY HEALTH	P. C.	2.5B. d	MOGAN ABR			UNERAL DIRECT			DRESS	TROTOWN RE
	SEP 2	7 1303	Casses				SOL	LEVINSON	& BRC	S. 6010	KEISI	ERSTOWN RI
VS	151-REV. 1/1/6	SB		1	1 3			· .	O			

Addition of the total and added to AIR-12-15/10 MES THE FAME, MAIN I. THAT ST. CIES SCHOOL STATE

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

the bright stop 1985 to the Abbit The Control of th

69 0224	Y HEALTH DEPARTMENT 69 9334
5-160 69 9334 CERTIFICA	ATE OF DEATH REG. NO. 00 0004
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) SHAPIRO, Paul	9/19/69 6:25 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 2,720
HOSPITAL OR ADDRESS OR LOCATION)	Baltimore D. INSIDE CITY LIMITS?
Mhe Johns Henkins Hespital	Baltimore YES NO
The Johns Hopkins Hospital	3737 Clarks Lane Apt. 110
S. SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
Male White WIDOWED DIVORCED	ALLEN SE
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) PROPERITOR REAL ESTATE	RUSSIA 12. CITIZEN OF WHAT COUNTRYS USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Shapiro	Katie ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS. CELIA SHAPIRO #21201
NO 220-49-6916	C/O MR MORTON SHAPIRO, 116 W. MULBERRY ST.
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE D. T bleeding 24 hrs.
	A CONSEQUENCE OF:
injury or camplication which caused death.)	0 7 7 7 1
ANTECEDENT CAUSES (B) to	so ulcer . 2-3d.
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:
UNDERLYING CONDITION last, (C)	garciers -6 w/2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	T. PHF. Phylo
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Les Citt
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or contributing Cause of DEATH (notify medical examiner)	in a about 210. WHERE DID (If In Boltimore City, give exact location) (If In Boltimore City, give exact location)
O l	21F. HOW DID INJURY OCCUR?
While At Not Whi	te 🗀
Work LJ AT Work	1 72
22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) lost sow the deceased alive on	9 4 19 69 ta 9 19 69 19 69 ond that in (my) (our) opinion death occurred on the date
and haur and fram the causes stated above (1) (We) (did) (did not)	
23A. SIGNATURE	23B, DATE SIGNED
Att. No. 17 D DEGREE Phy	ending Med. Staff 9/19/69
23C, PHYSICIAN'S NAME (Type)	23D. ADDRESS
L. Rosoff, Jr., M.D.	The Johns Hopkins Hospital
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D, LOCATION (City, town, or county) (Stote)
BURIAL 9-21-69 BETH TETLOH	WINDSOR MILL RD, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250. TOTAL DIRECTOR
2FL 7 7 1909 00000	SOL LEVINSON & BROS., 6010 REISTERSTOWN RI
C 150 DEV 1/1/40	

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N-650 69 9335	BALTIMORE CITY	HEALTH DEPARTMENT		69	9335
N-650 69 9335	CERTIFICA	TE OF DEATH	X REG. NO	00	2000
1. NAME OF DECEASED HARRY NO	ARON	2. DATE AN	D HOUR OF DEATH	69.	940
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG		4. USUAL RESIDENCE (Whe	e deceosed/lived. Il i	nstitution: resi	dence belore odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI	TILTION CIVE CTORET	A. STATE B. COUN	R	16	m - 53/
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	A GO (/	C. CITY OR TOWN	ID. INS	IDE CITY LIM	ITS?
Spai Hospital	of Ra Home	-Baltman	25	YES 🔀	NO 🗌
112	1 Della Ke	E. STREET AND NUMBER		6	1
5. SEX, 6. RACE 7. MADDIED		8. DATE OF BIRTH	-1011111	KOA	1
MALE CONCANTINITE WIDOWE			9. AGE IIn years last birthday) 70	Months D	Yr. If Under 24 His ays Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10B, KIND Colone during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZE	N OF WHAT COUNTR
	TAIL	ENGLAND			USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		UJA
JACOB NARON		GERTRUDE	?		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknawn) (If yes, give war ar dates af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
YES WW I ARMY	218-32-2007	MRS. LEAH NARO	V. 3305 GRE	ENVAIF	ROAD #21208
18.4 12.4-1	CAUSE OF DEAT	Н	7		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	UREM	11		I SE	WEEN ONSET AND DEAT
LEADING TO DEATH (This does not mean the mode of dying, e.g.	(A) IMMEDIATE CAL	ISE A CONSCOUGNICE CO	·		
heort failure, asthenio, etc. It meons the disease injury or complication which coused death.)	DOL 10, 011 710	A CONSEQUENCE OF:	ACTAC	_	
ANTECEDENT CAUSES		/ 1	13ison8		
DISEASES OR CONDITIONS, if ony, giving	(B) CULTIFIED DUE TO, OR AS	A CONSEQUENCE OF:	MNEWIN		
rise to the above couse (A) stating the UNDERLYING CONDITION last.	-	GENGERALIZED	HATTERIOSE	LEROS	C
11	(0)		,	1100	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Agresi	OSENTROTIC (EMPAIN VACO	del	
AT INISEASE OF CONDITION GIVEN IN DART 1 (4)	**************	******************			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A- AUTOPSY? (Yes or No	20B, IF YES WERE	FINDINGS COUSES OF DE	ONSIDERED
U 121A. ACCIDENT WAS UNDERLYING 121	B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID		re City, give e	
OR CONTRIBUTING CAUSE OF hor	ne, farm, foctory, street, al	fice bidg. INJURY OCCUR?	h in panimoi	- City, give e	roci incunou)
Q 21D-TIME (Manth) Doy) Year) (Hour) 21E	L INJURY OCCURRED	21F. HOW DID INJ	IRY OCCUP?		
₹ IAPPROXI	hile At Not While				
22. I certify that (I) othis hospital) attended			- 68	9	7- 10
that (Waye) lost saw the deceased alive an	the deceosed from	/ 0	9 00 10		1907
	Www. Complete		ttin(my)) (our) apl	nian death	accurred on the dat
and hour and from the causes stated above. (II) Vae Mala Vata vot) A	iew the body offer death.		23 B. DATE S	SIGNED
Asepu Boloullan	un lest Atto	nding Med.	Shaff Phys.	G	18-109
23C. PHYSICIAN'S	DECREE Phys	Director Dir	Phys. L		100/
NAME (Type) DECKTIBAUM		3502 WEST KE	GERS ALE	BALT	0. 170. 217
24A. BURIAL CREMATION, 24B. DATE 24C.N	DEGREE		CATION ICI	ty, town, or c	ounty) (Stote)
REMOVAL (Specily)					
SURTAL 9-19-69 AG	UDAS BNAT JACO	B 25C. FUNERAL DIRECTOR	ROSEDALE, MA	ARYLAND	ADDRESS
SEL 5.5 1202 100000000000000000000000000000000		SOL LEVINSON	c ppos	14 0070	
/\$ 150-REV. 1/1/68		- 1 SUL FEVINSON	6 DKUS. 60	LU KELS	TERSTOWN RO

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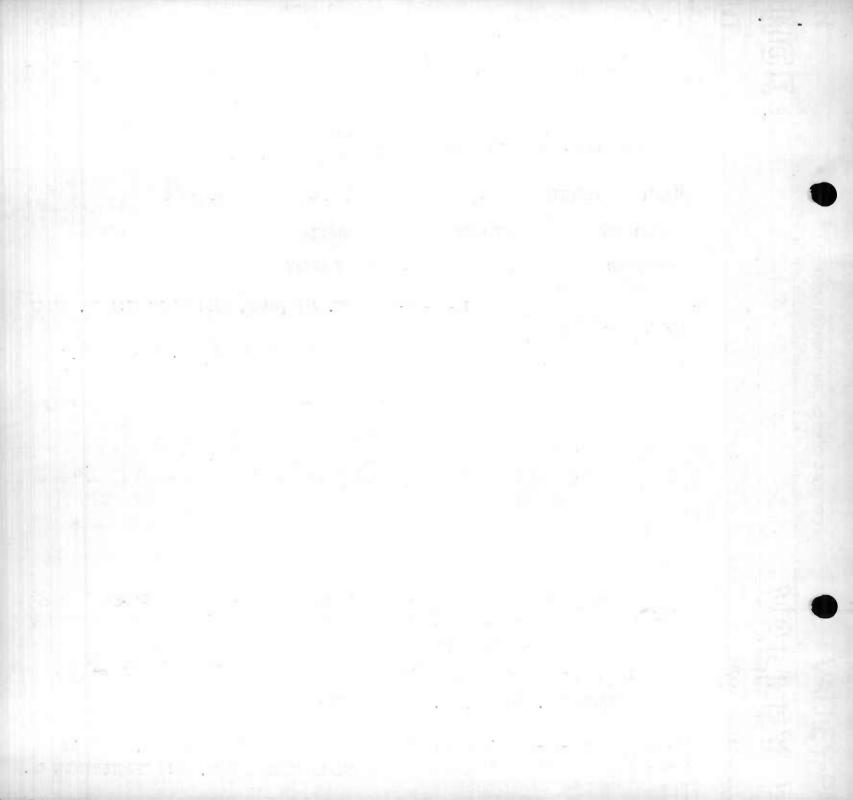
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3502 WEST MEETERS THE BALL ILL 2 215 POLEH DECKELEMEN, M.D.

F-11 11-F

137		Y HEALTH DEPARTMENT	60 0226
BIRTH NO.	9336 CERTIFICA	TE OF DEATH	reg. no. 69 9336
NAME OF DECEASED Type or Print)	Guard	2. DATE AND HOU	9/69 1213
. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decea	sed lived. If institution: residence before admi-
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION NSTITUTION	R INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
		BALTIMORE	YES X NO
11 Leundale	He szew Home	E. STREET AND NUMBER	
11 Le Contened		3624 REISTERSTOWN	V ROAD
SEX 6. RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH . 9. AGE	(In years If Under 1 Yr., If Under 24
FEMALE WHITE WI	DOWED DIVORCED	7/20/90 lost birth	XXXX X
OA, USUAL OCCUPATION (Give kind of work 10B, one during most of working tife, even if retired)	KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLA CE (Stote or tareign caun	12. CITIZEN OF WHAT COU
HOUSEWIFE	AT HOME	RUSSIA	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
UNKNOWN		? BRODY	
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
fes, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.	W. MICKWAN	ADDRESS
NO	212-24-7696	MR. ABE GUARD. 6	254 ROBIN HILL RD. 2120
18.410.94 1250.9	CAUSE OF DEAT	H	APPROXIMATE INTER
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) state	giving (B)	ASCUD SA CONSEQUENCE OF:	years
UNDERLYING CONDITION lost.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE TE	BUTING	Diabeter me	11/Jus Year
▼ DISEASE OR CONDITION GIVEN IN PART 1 ().	A).		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. I	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical exominer)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Year) (H	our 21E. INJURY OCCURRED	21 F. HOW DID INJURY OC	CUR?
OF INJURY	While At Not Whi		
(APPROX)	Work At Wark		,
22. I certify that (1) (this hospital) of	tended the deceased fram	6/20 1965	19 6
that (1) (we) lost sow the deceased al	ive on 9/20	19 6 c1 ond that in m	(aur) apinion dooth occurred on the
ond hour and from the couses stoted o	then bill (bild) Wall		
23A. SIGNATURE	boove (17) we (tala) falla lial)	view the body offer death.	23 B. DATE SIGNED
0/ 1/ 1-6	LED AH	ending Med. Staff	c/19/
Stanked 71.	Maderia Bedree Ph	ys. Director Phys.	9/3/69
23C-PHYSICIAN'S NAME (Type)		23D. ADDRESS	
STANFORD H. N	LALINOW, MD.	LEVINDALE HEBREW	HOME
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CF		
BURIAL @ 9-19-69	TZEMECH ZEDEK	GERMAN	HILL ROAD, MARYLAND
25A, DATE REC'D BY HEALTH DEPT. 25B	NAME OF REGISTRARS	25C. FUNERAL DIRECTOR	ADDRESS
SFP 2.2. 1969 Vale &	Langer of the	SOL LEVINSON & BR	OS. 6010 REISTERSTOWN R
/S 150-REV, 1/1/6B			



BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

BETWEEN ONSET AND DEATH

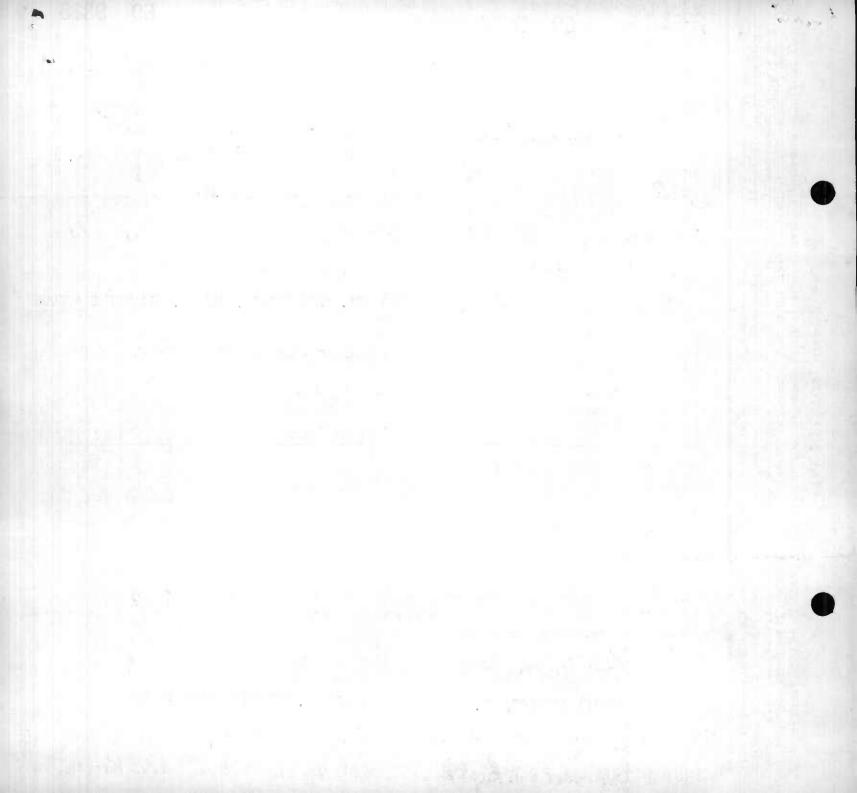
ADDRESS

USA

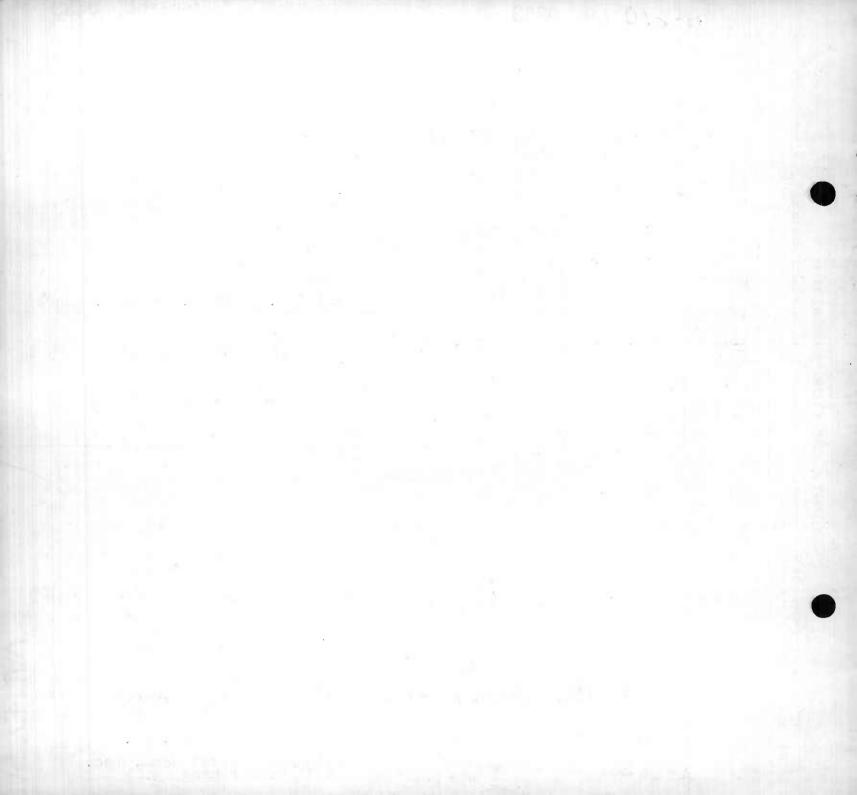
ADDRESS

If Under 24 Hrs. Hours Min.

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-	1/0 00 0220	BALTIMORE CITY	HEALTH DEPARTMENT		09 9339
	5-6/0 69 9339.	CERTIFICA	TE OF DEATH	REG. NO	
1. NA (Type	or Print) SOYCE SHELF	Ey	2. DATE AND	OUR OF DEATH	9.30 Aar
3. PL	LACE IN BALTIMORE, MARYLAND, WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (Where de	eceased lived. If in	stitution: residence before admission
HOS	L NAME OF (IF NOT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN	D. INS	DE CITY LIMITS?
Alc	DETLY CHARLES SENIER	AL HOSPITAL	lity		YES NO
No.	BACTIMONES. Md.	AU 1(0701(1)(0	E. STREET AND HUMBER 3518	rfield 1	Luc.
S. 54	wale 6. RACE WIDOWEI	I IAEA CK WINKKIED	8. DATE OF BIRTH 9. A lost	GE fin years birthday	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND of during most of working lifer even if retired)	of Business or Industry	Vicaina	country)	12. CITIZEN OF WHAT COUNT
13. F	ATHER'S NAME DIShwan		14. MOTHER'S MAIDEN NAME	xxxx ca	stle
15. W	Vas Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(165,	no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Charles H. She	erfey, h	usband, above
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the diseast injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givin rise to the obove couse (A) stating th UNDERLYING CONDITION lost.	g (B) DUE TO, OR AS	the ti	falle	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
7	11	(C)			
10	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE N CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
TIF			1 1		1101
AL CERTIF	OR CONTRIBUTING CAUSE OF he	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)	n or obout 21 C. WHERE DID	(If in Baltimor	re City, give effect location)
EDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21	ome, form, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?		40
MEDICAL C	OR CONTRIBUTING CAUSE OF CAUSE	ome, form, foctory, street, of c.)	ffice bidg., INJURY OCCUR?		40
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	E. INJURY OCCURRED While At Not While At Work	ffice bidg., INJURY OCCUR?	OCCUR?	re City, give gract location)
MEDICAL C	OR CONTRIBUTING CAUSE OF et 21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) W. (APPROX.)	E. INJURY OCCURRED while At Not While At Work the deceased from	21F. HOW DID INJURY	OCCUR?	re City, give exact location)
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (1) (this haspital) attended that (i) (we) Tast saw the deceased alive an	E. INJURY OCCURRED While At Not While At Work The deceased from	21F. HOW DID INJURY	OCCUR?	re City, give spect location)
MEDICAL C	OR CONTRIBUTING CAUSE OF et 21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) W. (APPROX.)	E. INJURY OCCURRED While At At Work the deceased from (1) (We) (did) (did not) v	21F. HOW DID INJURY 21F. HOW DID INJURY 19 19 19 wiew the bady after death.	occur?	re City, give spact location)
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (1) (this haspital) attended that (i) (we) fast saw the deceased alive an and haur and fram the causes stated abave.	E. INJURY OCCURRED While At Not While At Work the deceased from (1) (We) (did) (did not) v	21F. HOW DID INJURY 21F. HOW DID INJURY 19 19 19 and that is served to be a	occur?	re City, give spact location)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 22. I certify that (I) (this haspital) attended that (i) (we) tast saw the deceased alive an and haur and fram the causes stated abave. 23A. SIGNATURE 23C. PHYSICIAN (Type) (23C. PHYSICIAN) 23C. PHYSICIAN (Type) (24C.) 24C.) BURIAL CREMATION, 24B. DATE (24C.)	E. INJURY OCCURRED While At Not While At Work the deceased from (1) (We) (did) (did not) v	21F. HOW DID INJURY 21F. HOW DID INJURY 19 19 19 and that it is in the bady after death. 23D. ADDRESS WOULD CHAV	occur?	nian death occurred an the death occurred and
WEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 22 D. TIME (Month) (This haspital) attended that (i) (we) Tast saw the deceased alive an and haur and fram the causes staved abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) CAUSE SALVED S	E. INJURY OCCURRED While At At Work the deceased from (I) (We) (did) (did not) v DEGREE NAME of CEMETERY of CRE	21F. HOW DID INJURY 21F. HOW DID INJURY 19 19 19 and that is single Mod. Sto Phy 23D. ADDRESS WALL CLAR EMATORY 24D. LOC.	foccur?	re City, give soct location) 1969 nian death occurred an the de 23B. DATE SIGNED we pel. Balto. ity, town, or county) (Stote)
WEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attended that (i) (we) last saw the deceased alive an and haur and fram the causes staved abave. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) COS SAU BURIAL CREMATION, 24B. DATE 24C.1 REMOVAL (Specify) 2/20/69 Te	E. INJURY OCCURRED While At At Work the deceased from Color (1) (We) (did) (did not) v LUC DEGREE Phys NAME of CEMETERY of CRE TO PEGISTEAN	21F. HOW DID INJURY 21F. HOW DID INJURY 19 19 19 and that is single Mod. Sto Phy 23D. ADDRESS WALL CLAR EMATORY 24D. LOC.	foccur?	re City, give spact location) 1967 nian death occurred an the d 238. DATE SIGNED 238. DATE SIGNED (Stote Va. ADDRESS



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

Aspiration Premiuria Bullow Paralysia Corebred Artericacherous

WILLIAM JR. LAW MED

Wham Teen in

	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
• TNI	ant if death occur direct or contrib id; (4) Undetermin ath was in regul- on the deceased I disposition is ma	
FUNERAL DIRECTOR: IMPORTANT	miner or his assistance. Also, if the fracture of any kin o pronounced degular attendance embalmed or fina	
JNERAL DIRECT	chief medical exany a medical exan Body burns; (3) A the physician wh ysician was in re-	
F.	to the hospital by of any nature; (2) of any nature; (2) al (except where h); and (6) No ph be obtained befor	
	This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospit deceased prior to deat written approval must	

1-360 69 934 BIRTH NO.	1	TE OF DEATH	REG. NO. 69	9341
1. NAME OF DECEASED (Type or Print)	live LLOXI	2. DATE AND HOU	JR OF DEATH	250 n
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROFILE IN BALTIMORE, MARYLAND, WHERE PROFILE IN THE PROF		C. CITY OR TOWN E. STREET AND NUMBER	D. INSIDE CITY L YES	841
5. SEX 6. RACE 7. MARK	NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years If Under Months)	or 1 Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN) done during most of working life, even if retired)		Union Bridge, 14. MOTHER'S MAIDEN NAME	1000	ZEN OF WHAT COUNTRY
Albert Fowble		unknown		
5. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, giva war ar dates af servi	ce) 16. SOCIAL SECURITY NO. 213-10-1021B	Joseph Wloyd, hu	sband, abov	ADDRESS P
heart failure, asthenia, etc. It means the dise injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, gir ise to the abave cause (A) stating UNDERLYING CONDITION tast.	ving (B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: WELL HULLI'T	L,	6 MKs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING		20A. AUTOPSY? (Yes or No.) 20B. IN C	IF YES, WERE FINDINGS ERTIFYING CAUSES OF	CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)	21 B. PLACE OF INJURY (e.g., i home, farm, factory, street, af etc.)	a or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II In Boltimore City, giv	e exoct locotion)
	21E INJURY OCCURRED While At Wark Not While At Wark	21F. HOW DID INJURY O	CCUR?	6
22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive	on <u> 7/1)</u>		ta	th occurred an the date
and Your and from the course stated above 23A SIGNATUPE 23C PHYSICIANS	Atto DEGREE Phys	nding Med. Staff Director Phys.		SIGNED A
23 PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	/	
REMOVAL (Specify)	CNAME OF CEMETERY OF CRE Countain View		n Bridge, N	
SEP 22 1969 Robert E. Jak	AE OF REGISTRAR	Schimunek Fune	ral Home.	ADDRESS

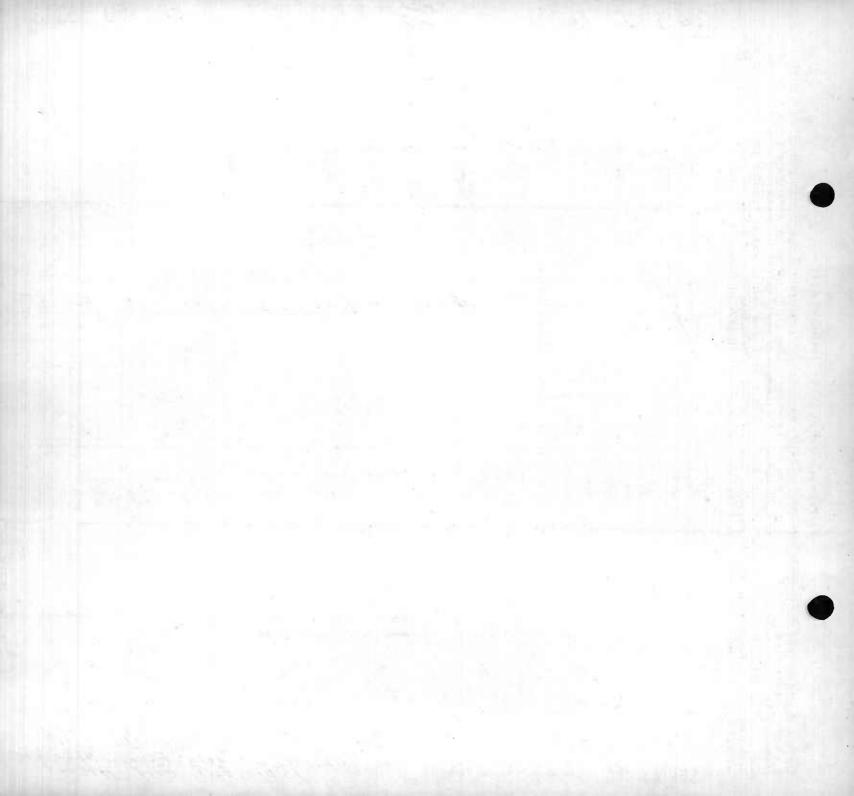


IMPORTANT

DIRECTOR:

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1/ 101/	BALTIMORE CITY	HEALTH DEPARTMENT		69 0242
K-234 69 934	3 CERTIFICA	TE OF DEATH	REG. NO	00 0040
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
JOHN F. KIS	TLER	Sept.	18, 1969 8	: 22 Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If i	nstitution; residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARY LAND C. CITY OR TOWN		SIDE CITY LIMITS?
12	0 111	BALTIMOR		YES NO
13 South Baiting	to General Hospite,	E. STREET AND NUMBER	SON ST	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
M WIDO	OWED DIVORCED	Nov 10, 1901	lost bighdoy)	Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	LIPBUILDING	BALTO. N	1 1	054
1-0122	77 730		/	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	N.F.	
HENRY KISTLER		ANNIE ET	TCHINSOI	V
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	CF 110301	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.			**
7	218-09-03631	Virginia L.	Hecker	1305 Aull 5T
18, /	CAUSE OF DEAT	11791912 4.	1160161	1 APPROXIMATE INTERVAL
18./62./	CAUSE OF DEAT			BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY			11 /	16 mos betwee
LEADING TO DEATH	(ANIMMEDIATE CAL	USE CALCELLOMA 7 A CONSEQUENCE OF:	the lung	turne diagn
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		1 2 3
heart foilure, asthenia, etc. It means the di	sease,		U	and dearn.
injury or complication which caused death.	N			
ANTECEDENT CAUSES	Chan	i stopuctive dall	union die	uil .
DISEASES OR CONDITIONS IS	(B) OP AS	a consequence of	resury and	
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating		A CONSEQUENCE OF	0	
UNDERLYING CONDITION last.	(C)			
	(~/			
- 11	P			
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING CALACITAN	i heart failure	,	
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	AINAL -VUGESTIV	i factori		***************************************
19A. DATE OF OPERATION 198. CONDITION		20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORME	D		IN CERTIFYING CA	USES OF DEATH?
E				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF tNJURY (e.g., i home, lorm, foctory, street, o etc.)		(If In Boltimo	re City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Haus	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Whil			
(APPROX.)	Work At Work			
22 1	1.1.1.1.	MAY	1968 to J	ept 17 1969
22. I certify that (47) (this haspital) atter	**			
that \iint (we) last saw the deceased aliv	e an Jept 15	19 6/ and the	at in (ngg) (aur) ap	inian death accurred an the da
and haur and fram the causes stated abo	ave. (I) (new the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
Willain Erie John	Athe Ph.	ending Med. S. Director	Staff Phys.	Jept 18, 1969
	DLOREL		rnys. —	10/1/01
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
WILLIAM ERI	C. SOUD MD	So. BALTO. 6	ENERAL	Macoutal
	DEGREE		SENERAL	MOSFITAL.
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. Le	DCATION (C	City, town, or county) (State)
P. 1 0/20/19	Plan House M	en and PV	11. 1)	1-1 /1/
Dar11 7/20/4/	G18911817911	790111/05/	HUYE HY	urde, I ci
2SA. DATE REC'D BY HEALTH DEPT. 2S8. N	AME OF REGISTRAR	Charles L.	(Tarreck	ADDRESS The
- ABBB OD AD Z.	0			
CEDOOTUNE ILANGER EL NO	Ben 22 B	Charles 6:	FUTE	AT BUPBUP
SEP 2 2 1969 Jubelle & Va	Bey R. J.	Charles E.	EssT F	ort Avenue



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

NO

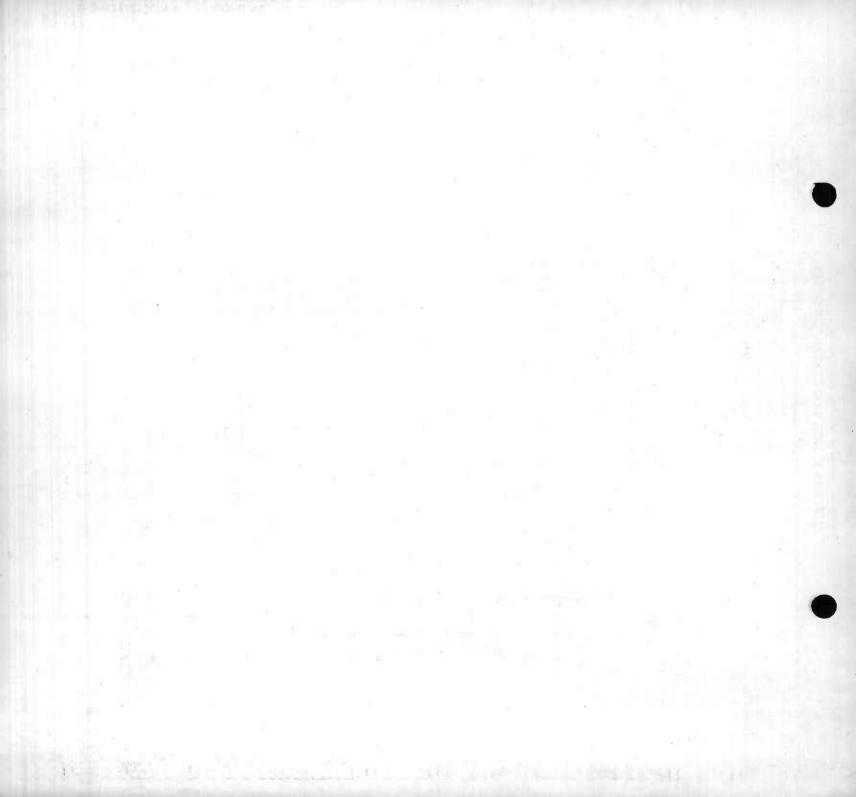
Hours

BETWEEN ONSET AND DEATH

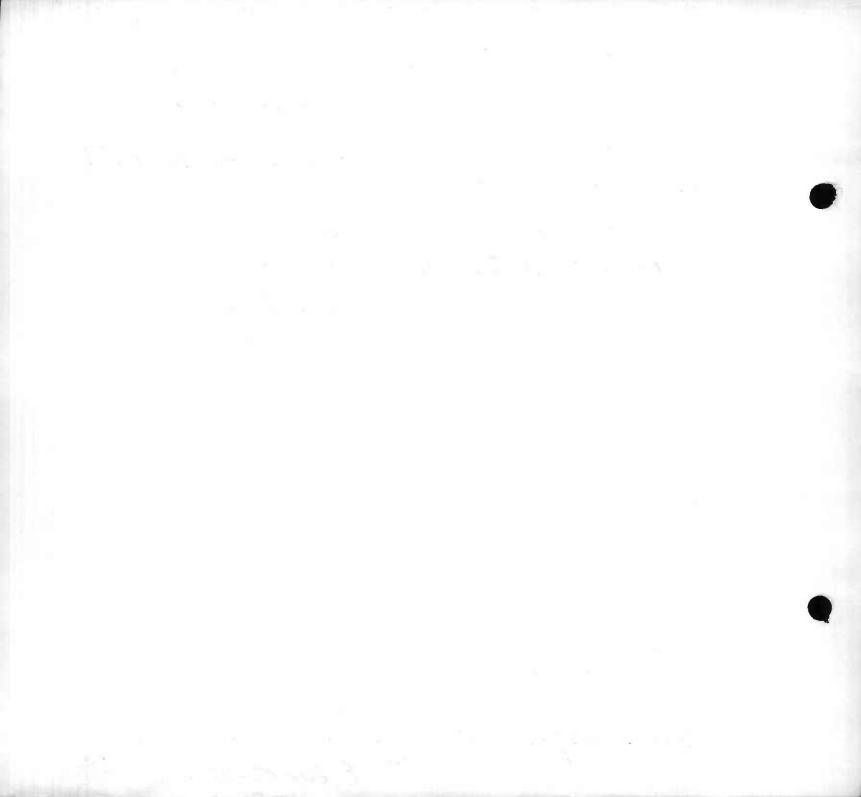
19 6

ADDRESS

If Under 24 Hrs.



7 000 69 9345	BALTIMORE CITY	HEALTH DEPARTMENT		00 0045
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	69 9345
Type or Pant)	1556		AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived If in-	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	ON, GIVE STREET	C. CITY OR TOWN	LAND	5300
8 Maryland General Has	pital.	E. STREET AND NUMBER	MORG	YES NO
5. SEX 6. RACE 7. MARRIED NO.	\	0424 6	COSCHAK	14/ 1/6(1
WIDOWED WIDOWED	NEVER MARRIED DIVORCED	Oct 24-1891	9. AGE (in years last birthday)	Months Doys If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL O CCUPATION (Give kind of work 10B. KIND OF BU done during most of working lits, even if retired)	SINESS OR INDUSYRY	DEVICE (Stole or I		12. CITIZEN OF WHAY COUNTRY
ANDREW RUSS	ELL	14. MOYHER'S MAIDEN N	- / '	
15. Was Deceased Ever in U. S. Armed Forces? 114	SOCIAL	17. INFORMANT	1	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	MARY 1	RUSSELL	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	H _ /	1) /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, elc. It means the disease, injury ar camplication which caused death.)	(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:	ot Stomach.	
ANTECEDENT CAUSES	25			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
	1 1	.1.0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT OF THE SIGNIFICANT OF THE TERMINAL SIGNIFICANT OF THE SIGNIFICANT	**************	les mellit.	. رد	
194 DATE OF OPERATION 198 CONDITION FOR WHICH	H OPERATION	20A. AUYOPSY3 (Yes or	No. 208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, for DEATH (natify medical examine)	CE OF INJURY (e.g., ir orm, factory, street, of	or obout 21C. WHERE DID injury occur?	(if In Boltimore	City, give exact location)
	URY OCCURRED Not While	21F. HOW DID II	JURY OCCUR?	1
Work	At Work			0/10 00
22. I certify that (f) (this hospital) attended the d	eceosed from	(8 19 Of and	_19_ <u>67_to</u>	lon deoth occurred an the date
and hour and from the couses stated abave. (1) (3)	(did) (did (did (did (did (did (did (did			, ,
23A. SIGNATURE	A44-			23B. DAYE SIGNED
23C. PHYSICIAN'S	DEGREE Phys	Med. Director D	Staff Phys.	9/18/69
Strart Wingker,	M).	Mr. bene	al Hosp	•
BURIAL CREMATION, 24B. DATE 24C, NAME BURIAL Specify 9/22/69 102/36	OF CEMETERY OF CRE		ARBUTUS!	town, or county) (Stole)
CFP 2 2 1969 WASHINGTON SE NAME OF THE	GISTRAR	25C. EUNERAL DIRECTO		ADDRESS S/Ok
VS 150-REV. 1/1/68			17200	- 11/1



25C. FUNERAL DIRECTOR

6

MORTON & DYETT F.H. 1701 Laurens

25B. NAME OF REGISTRAR

25 A. DATE REC'D BY HEALTH DEPT.

Second - William - 170 THE INTERIOR OF THE PLANT OF THE PLANT OF THE PERSON. 6.57

	69	9347		
2-52/	00	UQ47.	BALTIMORE CITY H	IEALTH DEPARTMEN
5	4.41	FDICAL F	VALUEDIC	CEDITICICAT

JQ47.	BALTIMORE CITY HEALTH DEPARTMENT	

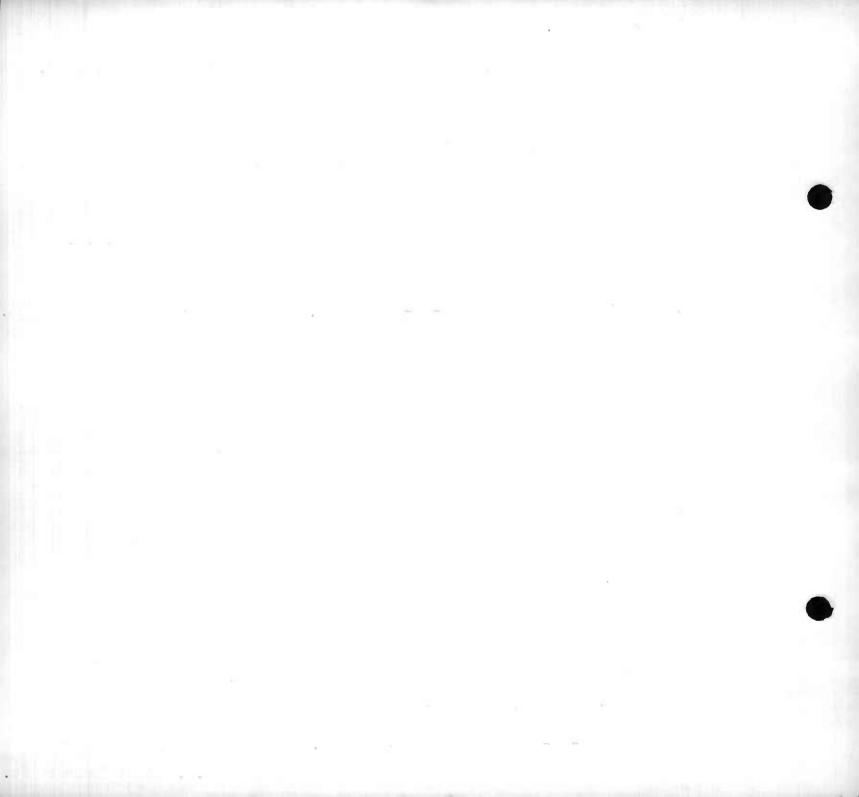
TIMORE CITY HEALTH DEPARTMENT	CO	0245
MINIED'S CEPTIFICATE OF DEATH	03	9347

BIRTH NO.	M	EDICAL	EXAMINER'S C	CERTIF	ICATE O	F DEATI	H REG. NO.	00	OUT	
1. NAME OF DEC		M. SMITH	(ELLIS)	2. DATE OF DEATH	Knawn	Month	Day	Yeor	Haur	м.
4. PLACE IN BAL	IMORE, MARYLAN			3. DATE	WINGER READ	Manth	Day	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL QR INSTIT	UTION, GIVE STREET		RESIDENCE (Who	Septem	ber 18,		6:50	
00 1	1716 W. Fay			A. STATE	Maryland		B. COUNTY	19	101	
SEX	7. RACE	8. MARRIE	D MEVER MARRIED	C. CITY O			D. INSIDE CI	TY LIMITS?		
Female	Negro	WIDOWE	D DIVORCED		Baltimore	2	YI	ES X	NO 🗌	
DATE OF BIRTH	lost bir	thdoy) M	Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		G			
9-17-19	tate or foreign count	30	CITIZEN OF	13 EATHE	1716 W.]	rayette	Street			
· ·		12	WHAT COUNTRY?							
	er, S.C.	III de VIND C	U.S.A. OF BUSINESS OR INDUSTRY		by Ellis					
one during most of w	arking life, even if reti	red)								
Housewi			lome		gnolia S	stratio				
6. WAS DECEASI (es, no ar unknown)	D EVER IN U.S. AR (if yes, give war ar d	MED FORCES? ates of service)	17. SOCIAL SECURITY NO.	IB. INFO				DDRESS		
No.				Mr.	Rembert	Smith	1716		ayett	
19. 34	11		CAUSE OF DEA	TH		Enf	llepsy		PPROXIMATE IN WEEN ONSET A	
DISEAS	OR CONDITION	DIRECTLY				ap.	LEC POJ			
	LEADING TO DEATH		(A) IMMEDIATE C	AUSE						
	at mean the made of asthenia, etc. It mear				QUENCE OF:					
injury ar com	plication which cause	d death.)								
RISE TO THE UNDERLYIN	DR CONDITIONS, IF ABOVE CAUSE (A) IG CONDITION LA II IFICANT CONDITION ITH BUT NOT RELATE CONDITION GIVEN	STATING THE ST.								
20A. DATE OF			OR WHICH OPERATION W	AS PERFOR	MED			21. AUT	Yes	ır No)
UNDERLYING	NAL CAUSE WAS OR CONTRIB-	22 ho	B. PLACE OF INJURY (e.g., ame, farm, factory, street, affic	in ar abaut e bldg., etc.)	22C. WHERE DIE	O (If in Baltimar	e City, give exc	act lacation)		
22D. TIME OF INJURY (APPROX.)		(Year) (Hour)	WHILE AT NOT	WHILE	22F. HOW DID	INJURY OCCU	JR?	- /-		
	ify that I held on ed fram: Natural		Inspection Au	topsy X	lamicIde 🗌		deoth In my			
ACTUAL SIGNATI		87:-	Jalano).	CHIEF MEDICA	L EXAMINER	X		DATE SIGI	NED
EXAMINI NAME (T	ype) Charle		ingate, M.D.		OCIATE MEDICA				18, 1	
24A. BURIAL CREA	y)		24C. NAME of CEMETERY		-	D. LOCATION		n, or county		te)
Buria		2-69	Balto. Nat				more,	Mary	Land	
CED 991	BY HEALTH DEPT.	E. Fabe	ME OF REGISTRAR		ORTON &		F.H.	1701	Laure	ns S
S 151-REV. 1/1/68	<u> </u>									

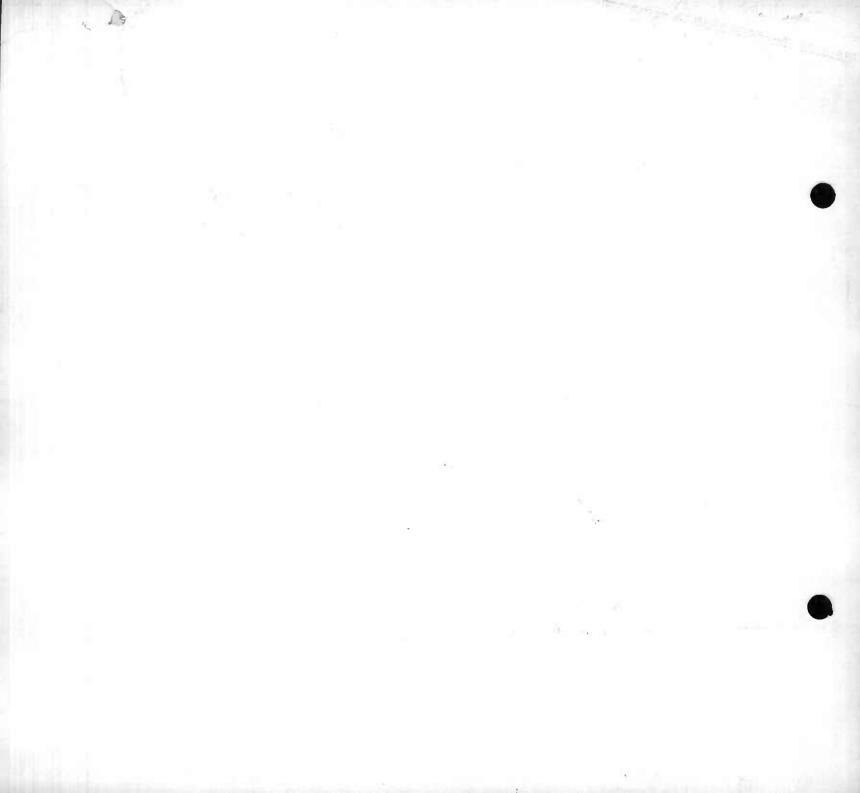
10/9/69 - Letter of authorization from Dr. Springate.

Life.

1-000	5 0	0		BALTIMORE CI	TY HEALTH DEPARTME	NT		CO	0240
BIRTH NO.		9 93	48	CERTIFIC	ATE OF DEA	ТН	REG. NO	05	9348
1. NAME OF DECE			IU E		2, D/	ATE AND HOU	R OF DEATH	-	
	DAY, R	aymond	M.			9/18	/69		7:30 A.
3. PLACE IN BALT	IMORE MARYLAN	ID, WHERE PR	ONOUNCE	D DEAD	4. USUAL RESIDENC	E (Where deced	sed lived. Il is	nstitution; resid	dence belore admiss
FULL NAME OF	(IF NOT IN H	OSPITAL OP 1	ACTITITO	I, GIVE STREET	Maryland			1	2011
HOSPITAL OR	ADDRESS OR	LOCATION)	4311101101	GIVE STREET	C. CITY OR TOWN		In tate	IDE CIDI III	207
2					Baltimo	ore	D. 183	IDE CITY LIMI	_
The Jo	ohns Hopi	kins H	ospit	al	E. STREET AND NUM	IBER		YES 🔀	NO [
	_		_		3200 Aug	chentor	olv Te	rrace	212
- SEX	6. RACE	7. MARI	RIED [] N	EVER MARRIED X				1 11 11 1	
Male	Negro	WIDO		DIVORCED	8/6/23	last birti	Un years	Months Do	Yr. If Under 24 bys Haurs Mir
A. USUAL OCCU	PATION (Give kind o			NESS OR INDUST	Y 11. BIRTHPLACE (State				
one outing most of w	orking life, even if rel	fired)				or roteign coun	шу)	12. CITIZEN	OF WHAT COUN
Clerk	-	Pos	st Of	fice	Baltimore	, Marv	land	TT	S.A.
FATHER'S NAM					14. MOTHER'S MAIDE	NAME		- 0	
William	n Day				Lottie F	Kirklan	d		
Was Deceased	Ever in U. S. Arme	d forces?	1 6. S	OCIAL	17. INFORMANT			A	DDRESS
	1 1-1 11 1	- 1- 1		ECURITY NO.					
Yes.	6/24/44	5/16	/4.6 2	19-16-36		rothy	Dorsev	549	Laurens
18.154	-, / 1			CAUSE OF DEA	TH			I A	APPROXIMATE INTERVA
DISEASE	OR CONDITION	DIRECTLY						1021	OHOET AND DE
(This does no	I mean the made	e of dvine	0.0	(A) IMMEDIATE CA		************			
heart foilure, a	slhenia, elc. Il m	eans the dise	ase,	DUE TO, OR A	A CONSEQUENCE OF:				
injuly at camp	licalian which ca	used death.)		120	alud in Ta	100			
	NTECEDENT CAL			(B) Jene	mela mela	y come		1	
DISEASES OF	CONDITIONS,	if any, gi	ving	DUE TO, OR A	S A CONSEQUENCE OF:	***********			
UNDERLYING	abave cause	IA) slaling	the	(c)					
	11			(c)	*****************************				
OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTE	NG						
ITO THE DEATH	BUT NOT RELATED NOTION GIVEN IN	TO THE TERMIN	IAL	***************************************					
119A DATE OF	OPERATION 198.	CONDITION F	OR-WHICH	OPERATION	20A. AUTOPSY? (Yes	or Na) 20R	FYES WEDE	EINDINGS CO	NSIDERED
21A ACCIDENT	164 WAS	PERFORMED	Recta	lea	Yes	IN CE	F YES, WERE I	USES OF DEA	NO
21A. ACCIDENT	WAS UNDERLYING CAUSE OF	NG	21B, PLAC	E OF INJURY (e.c.	in or about 21 C WHERE I	DID	fif in Rollins-	a City when	
OR CONTRIBUT	ING CAUSE OF		home, lom	n, foctory, street,	iffice bidg., INJURY OCC	U R?	let to DOISIMOL	e City, give ex	oct location;
			1757						
OF INJURY	Manth) (Day) (Y	(ear) (Hour)		RY OCCURRED		D INJURY OC	CUR?		
(APPROX.)			While At Wark	Not Wh					
22. I certify th	hat (1) (this has	pital) attende			1/30	10 (29	A- G	1/12	
	ast saw the deci			7715	0.6		_ta		19
				1-1-0		nd that In (m	y) (aur) apir	nian death a	ccurred an the d
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	- 0	many		DEGREE Ph	ending Med. /s. Director	Staff Phys.	Ì	9/1	18/69
23C. PHYSICIAN NAME (Typ	S el	-		DEGREE	23D. ADDRESS			1 1	
	C. Omi	idyar,	4	M.D.	The Johns	Hopkin	s Hosp	ital	
A. BURIAL CREM.	ATION, 24B, DATI			CEMETERY OF CE					
KEMOVAL (Sp.	ecity)					4D. LOCATION	(Cit	y, town, or co	unty) (State)
Burial	9-2			lmore Na	t'l Cem.	Bal	timore	. M	aryland
A DATE REC'D B	CO DEPT.	C 258 NA	AE OF REG	ISTRAR	25C. FUNERAL DIRE	CTOR		<u> </u>	ADDRESS
oer aa k	102 Section	# 425	न्द्र रक्षा के		MORTON &	DYETT	F.H.	1701	Laurens
150-REV. 1/1/68									



ı	BALTIMORE CITY HEALTH DEPARTMENT
I	BIRTH NO. 69 9349 CERTIFICATE OF DEATH REG. NO. 69: 9349
ĺ	1. NAME OF DECEASED (Type or Print) GIEN WILLIAMS 2. DATE AND HOUR OF DEATH 917/69 1 100 0
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decreased lived, If institution: residence before admission) A, STATE B, COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C.CLY OF TOWN D. INSIDE CITY LIMITS?
	PILOURES IT of MARYLAND HOSPITAL BASTITIORS YES NO [
	4030 ANNellew Kd
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lost billibrary) 19.
۱	10A, USUAL OCCUPATION (Give him of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Unemployed N.C. BOARDMAN U.S.
1	13. FATHER'S NAME
	JADIES WILLIAMS CORA HICKMAN
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no offunknown) (If yes, give wor at dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Augusta W. 11. 4 yrs. 4030 Armed Forces? ADDRESS 17. INFORMANT Mrs. Augusta W. 11. 4 yrs. 4030 Armed Forces?
4	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY HEPATIC COMA
ı	(This does not mean the mode of dying, e.g., heart loiture, osthenia, etc. it means the disease,
	injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES
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ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (d) Herolytic ANEMIZ
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
1	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF. YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	U 21A. ACCIDENT WAS UNDERLYING 27B. PLACE OF INJURY (e.g., if or obout 21C, WHERE DID (if in Bellimore City, give exect location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work
	22. I certify that (this hospital) oftended the descaped from X 30 19 69 to 9 17
ı	that (i) (w) lost saw the deceased alive on 17 19 69 and that in (my) (w) opinion death occurred on the date
	ond hour and fram the causes stated above. (i) (the) (did) (diment) view the body after death.
	23A. SIGNATURE Attending Med. Staff Director Phys. 123B. DATE SIGNED 11709
	23C. PHYSICIANS. NAME Type: NAME
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stole)
	Burial 9/22/69 Western Star Cem./ Catoni. len Maryland
	SEP 2 1969 Joben E. James Market Morton & Dyett Fit. 1701 Laurens St
1	V6 1/2 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



BALTIMORE CITY HEALTH DEPARTMENT

No

U.S.A.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.

(If In Baltimore City, give exoct lacotian)

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BALTIMORE

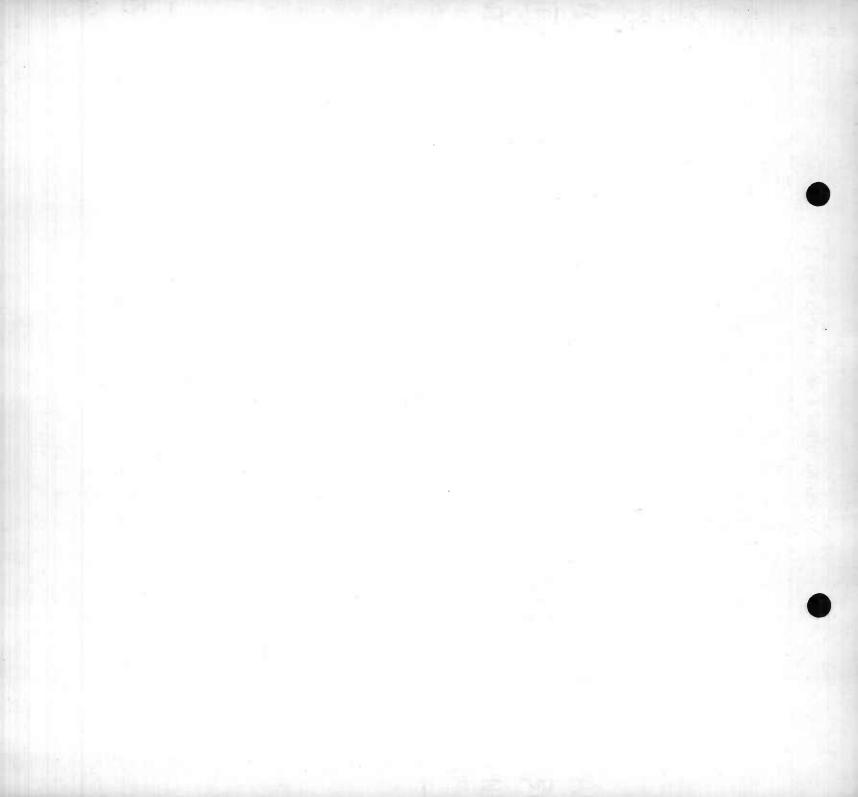
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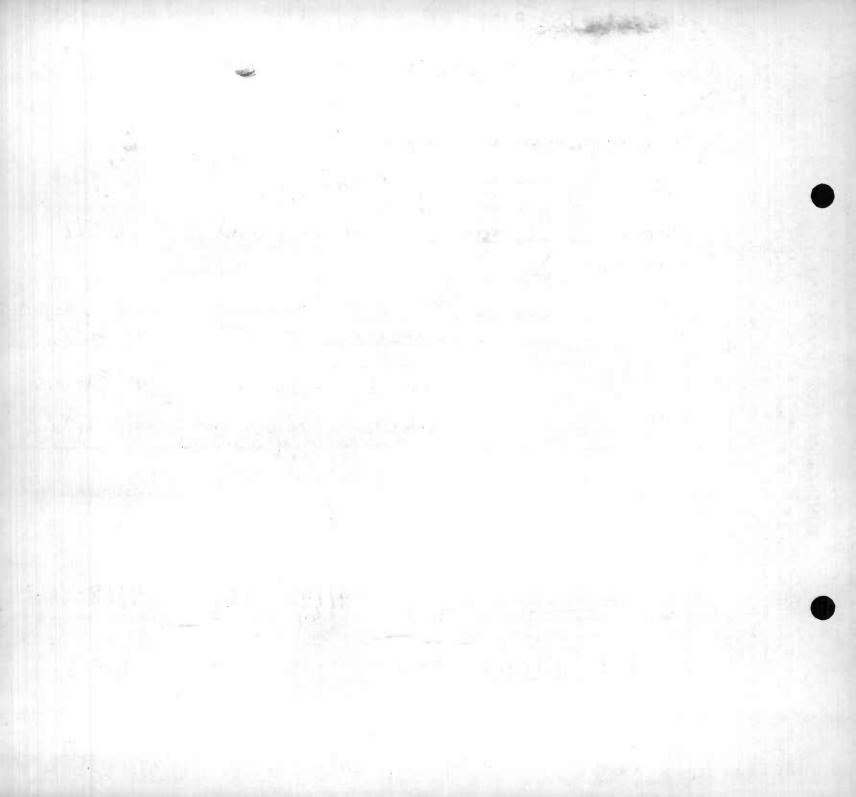
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68





Such

BALTIMORE CITY HEALTH DEPARTMENT CO 0250
BIRTH NO. 69 9352 CERTIFICATE OF DEATH REG. NO. 03 9352
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
3 BLACE IN 2011/1008 HARVE J / WITTING 9 18 30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Many and I I O d
INSTITUTION ID. INSIDE CITY LIMITS?
Moryland General Hosp. Ballimore YES NO
48 Ho S Manse Court
5. SEX ORACE OF MARRIED NEVER MARRIED 8. DATE OF BIRTH ORACE WIDOWED DIVORCED An 1 9 Gast birthday Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BY BIRTHPLACE (State of foreign country)
done during most of working file, even if refried) Betting
13. FATHER'S NAME! 14. MOTHER'S MAIDEN NAME
Joseph Waltens annie ?
15. Was Deceded Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS
no 245-35-794/ Jane Beasley 1.011 W. Jume
18. 15.5 1 CAUSE OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY DILL MONARY ENEMA
LEADING TO DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
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ANTECEDENT CAUSES
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UNDERLYING CONDITION last, (c)
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O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
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U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 27C. WHERE DID (If If Boltimere City, give exact location)
218. PLACE OF INJURY (e.g., in or about 27C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in or about 27C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR?
O The state of the
21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While Al Not While Not Work At Work Not Work
22. I certify that (1) (this haspital) attended the deceased from 9 15 19
that (1) (we) last saw the deceased alive an
and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.
DOA CICALATURE
Attending Med. Stoff S
pages Phys. Director Phys.
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS
ACAPP.
24A. BURIAL CREMATION. 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Style)
Burea 7/23/69 MV Juhenn Palling MX
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
SEP 2 2 1989 Peles & Jacker M. S. Stefan D. Willemin Bull
VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

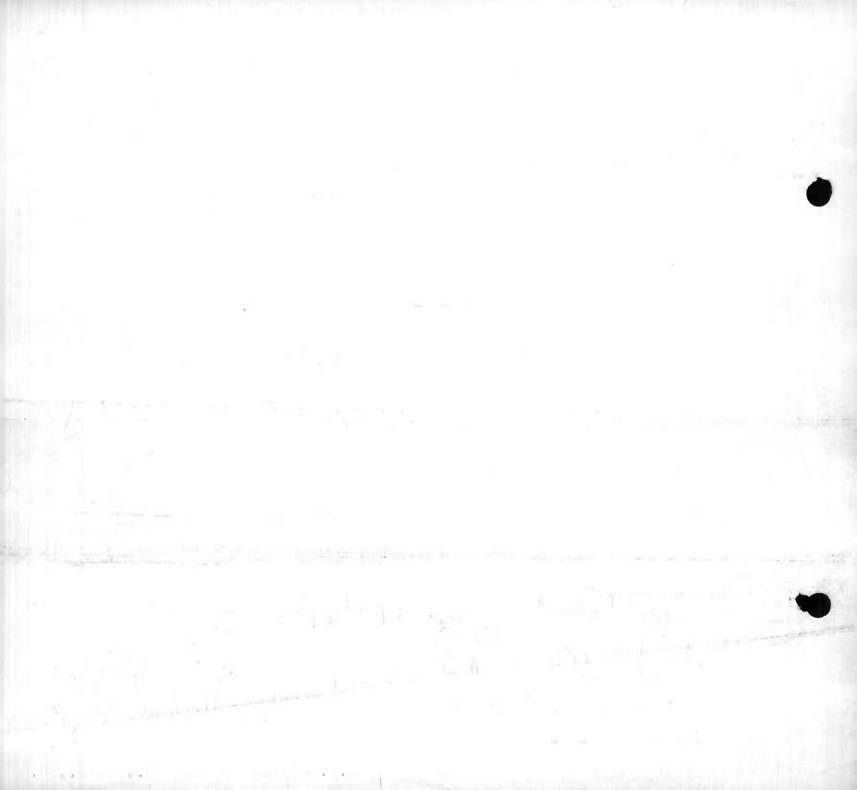
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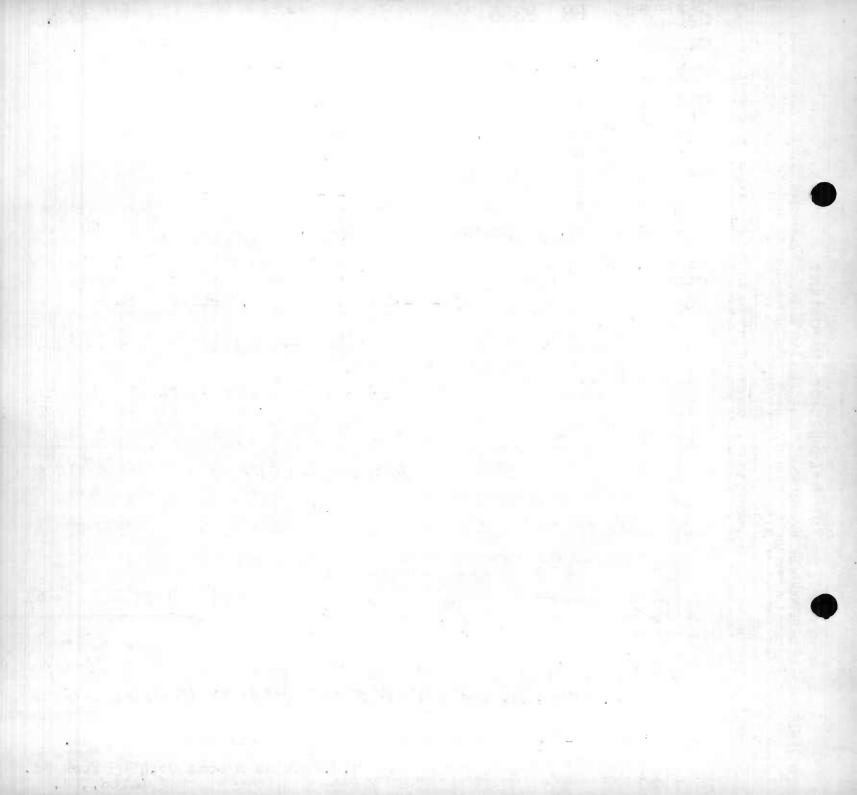
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State Inchity medical examines etc.)	10	PIA. ACCIDENT WAS UNDERLYING 218, PI	LACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimore Cit	v. give exact location)
22. I certify that (II (this hospital) attended the deceased fram 19 09 ta 19 19 that (II) we last saw the deceased alive an 19 09 and that In (my) (aur) apinian death accurred an and boundary fram the causes stated abave. (II) We) (did) (did nat) view the bady after death. 23/1 SUGNATURE Attending Med. Staff Director Phys. Attending Med. Director Phys. 23D. ADDRESS 1A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) BURIAL 9-22-69 CHURCH HILL CHURCH HILL MD. 1A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	31	DEATH (notify medical examiner) etc.)	iom, foctory, street, oth	ce bidg. INJURY OCCUR?		,,
22. I certify that (II (this hospital) attended the deceased fram 19 09 ta 19 19 that (II) we last saw the deceased alive an 19 09 and that In (my) (aur) apinian death accurred an and boundary fram the causes stated abave. (II) We) (did) (did nat) view the bady after death. 23/1 SUGNATURE Attending Med. Staff Director Phys. Attending Med. Director Phys. 23D. ADDRESS 1A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) BURIAL 9-22-69 CHURCH HILL CHURCH HILL MD. 1A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	MEDI	10. TIME (Month) (Doy) (Year) (Hour) 21E, 11	NJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
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FUNERAL DIRECTOR: IMPORTANT



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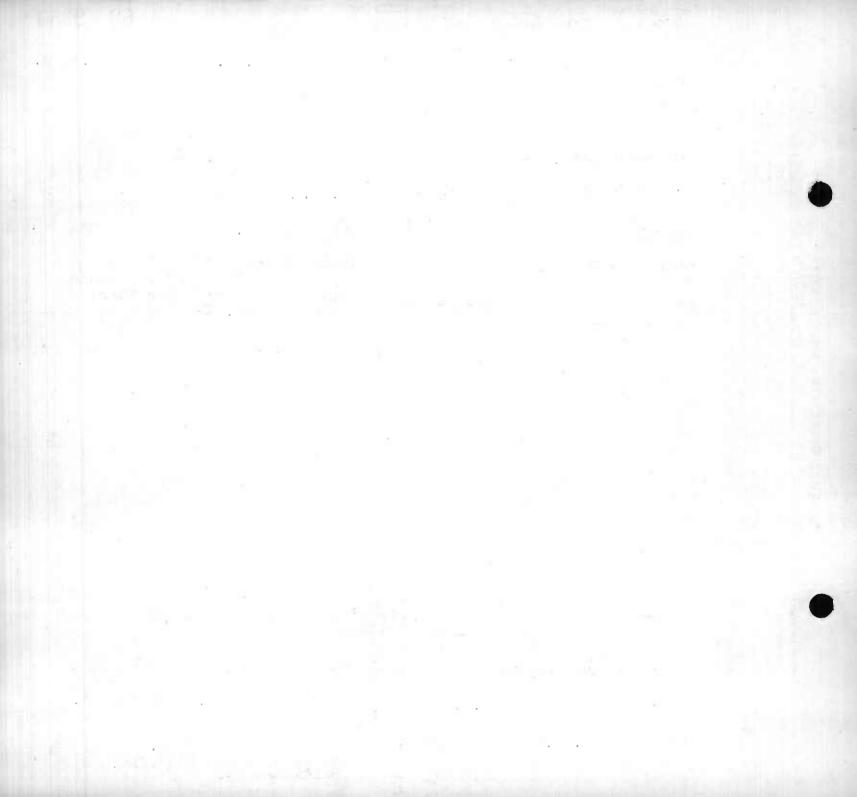
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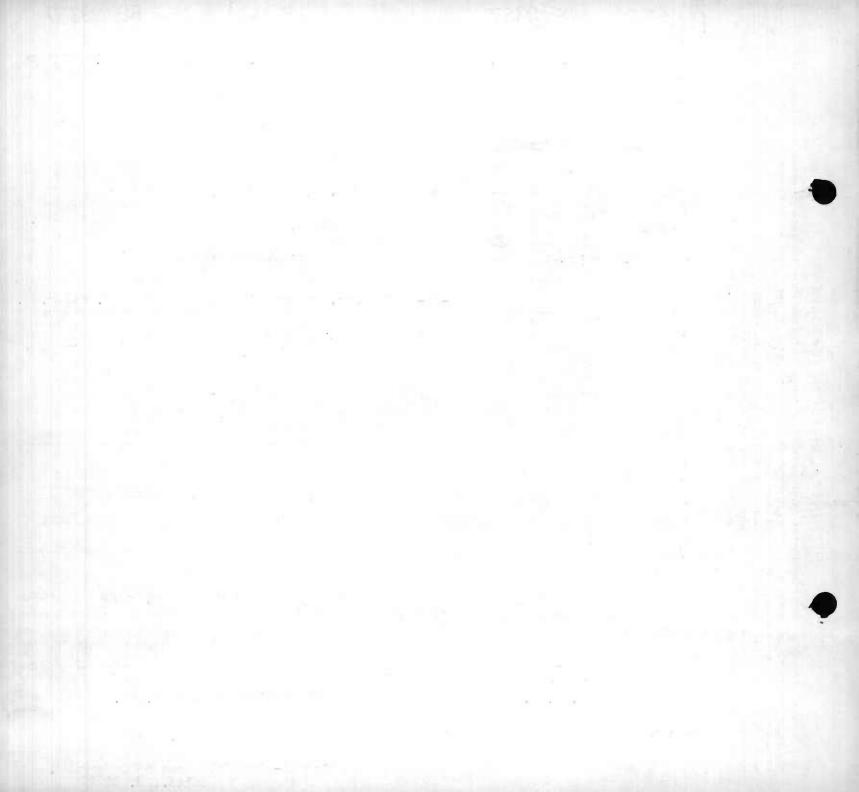
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Female	White	WIDOWED	DIVORCED	Nov. 14. 188	7 81	Williams Boys Hoors Williams
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	foreign country)	12. CITIZEN OF WHAT COUNT
	working life, even if retire	ed)		Baltimore	Md.	USA
Housewi				14. MOTHER'S MAIDEN		0.022
Henry W	ernen			Annie Mil	ler	
	Ever in U. S. Armed	Faces?	6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown	(If yes, give wor or	dotes of service)	SECURITY NO.		er Wagner (
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written app 24A. BURIAL CREMATION. 24B. REMOVAL (Specify) DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel Burial
25A, DATE REC'D BY 1 1969 7258 NAM Sept. 23 Lorraine ADDRESS 3 SONS. INC. Baltimore VS 150-REV. 1/1/68



6-62	52 69	9357		HEALTH DEPARTMENT	X REG. NO.	69 9357
BIRTH NO.			CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	
Type or Print)		rah J.	Burns		t. 18,1969	10.57 PN
3. PLACE IN E	BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		institution; residence before admission)
FULL NAME (OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Maryland c. CITY OR TOWN	Baltimore	
NSTITUTION				Rodgers For		SIDE CITY LIMITS? YES NO 🔼
90	Long Green Nu	reing H	ome	E. STREET AND NUMBER		11.3
10	Dong dreen Ma	T STIIS II	One	203 Hopkins	s Road	
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
female	white	WIDOWED	X DIVORCED	Jan. 17, 1881.	78	Williams Days Troots Williams
	CCUPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY
one during most	t of working life, even if retired) naker			Galena, Mar	rvland	USA
3. FATHER'S I				14. MOTHER'S MAIDEN N		
	John Mulford			Elizabe		
S. Was Decea	sed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unkno	own) (If yes, give war or dote		SECURITY NO.		747- 000 17	
no			21.7-54-8955T		Liles 203 Hoj	pkins Rd. Balto.Md.
1B.	36.91		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CTICLE INC.	LEADING TO DEATH		(A)IMMEDIATE CAU	SE ACCL A CONSEQUENCE OF:	DENT	12 HOURS
	s not mean the mode of ne, osthenio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE OF:		
injuty of	complication which caused	deoth.)				
	ANTECEDENT CAUSES		GENE	RALIZED A	RIERIO -	
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	RALIZED A	SCLERO	2868
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UNDERLI	ING CONDITION IOSI.		(C)			
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TO THE D	NIFICANT CONDITIONS CO	HE TERMINAL				
DISEASE O	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
	WAS PER	FORMED		110		AUSES OF DEATH?
19A. DATE	DENT WAS UNDERLYING	7 21 B.	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If In Baltime	ore City, give exact location)
OR CONTI	RIBUTING CAUSE OF	hom etc.	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	, , , , , , , , , , , , , , , , , , , ,	
				015	Maria and a second	
21 D. TIME			INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		Wo	ile At Not While	e 🗌	,	
22. I cert	ify that (1) (this hospital) ottended t	he deceased from	7-5,	1967 10	9-18 1969
	we) lost sow the deceose		a-18	19 69 and	/	pinion death accurred on the dot
			1 (W-) (M-)	7		The desired on the dol
23A, SIGN	ond from the couses sto	rea opove. (I	i) (me) (ala) (ala not) v	new the body offer deof	n.	23B, DATE SIGNED
//	/		Atte	nding Med.	Staff	23d DATE SIGNED
	wil. Voor		DEGREE Phy	Director L	Phys.	9-19-1909
23C.PHYST			31.00	23D. ADDRESS		/ /
	Dr. H.	T. Voor	stad	201. Dunk:	irk Road Balt	to.,Md.
4A. BURIAL	REMATION, 248. DATE	24C. N.	AME of CEMETERY OF CRI	MATORY 24D	LOCATION (City, town, or county) (State)
buria	L (Specify) 9/21./6	9	Galena Cemet	terv	Galena	Maryland
				2SC. FUNERAL DIRECT		ADDRESS
SEDAS	1959 DEPT.	Janasis	and the			e 6500 York Rd.
SELVE	/1/49	1 19	2 13 16	TIT CONTOTT WAY	redeteld your	
	/ 1/ D K			The state of the s	DOLL I. L. U	A A A A A A A A A A A A A A A A A A A



IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES K NO If Under 1 Y. Months! Doys Il Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 107 Witherspoon Rd. APPROXIMATE INTERVAL AFTWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 238, DATE SIGNED Scioteanha (City, town, or county) (Stote) Mitchell Wiedefeld Home 6500 York Rd.

Marriage record of deceased--married in $Balto.on\ 9/30/27$ age at time of marriage 29 years --date of birth would be Nov.15,1897

death

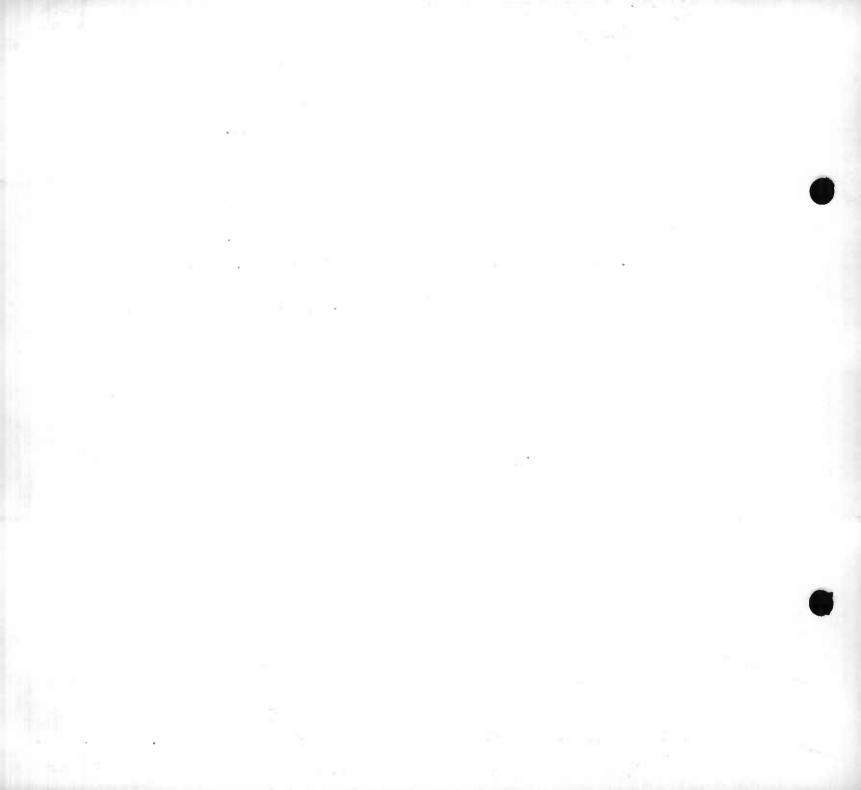
contributing

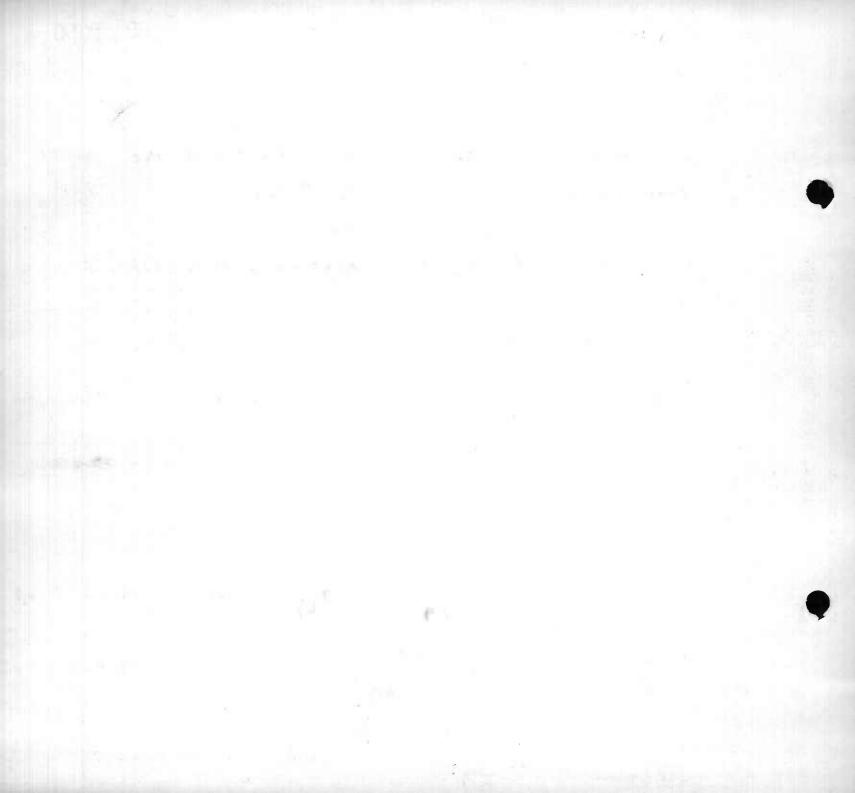
IMPORTANT

DIRECTOR:

FUNERAL

hospital





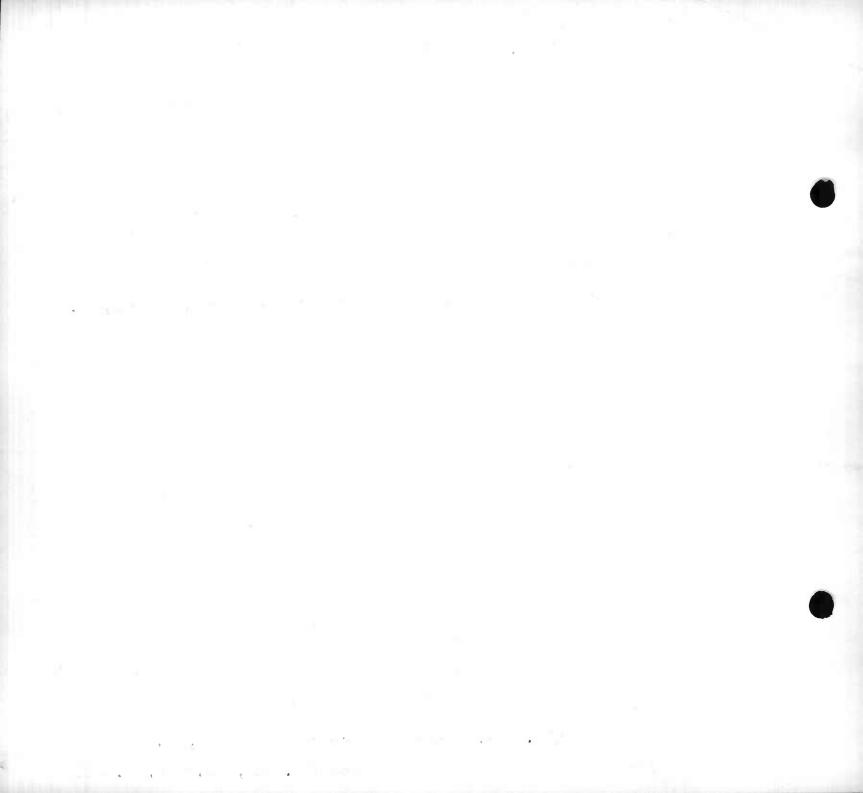
FUNERAL DIRECTOR:

	(-5/8) RTH NO. 68	2 69	9361	100			H DEPARTMEN		EG. NO	69	9361 9
	NAME OF DECE	ASED	27	mes	BAR	24	2. DAT	E AND HOUR	OF DEATH		- 40
3.	PLACE IN BALTI	MORE, MARYLAND	D, WHERE PE	ONOUNCEL	DEAD	4. USL	AL RESIDENCE	Where decease	d lived. If insti	tution: residence	e before odmission)
H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR I	NSTITUTION,	GIVE STREET	me	OR TOWN		Altin	DOFC CITY LIMITS?	5 SCIOIG GUINISSIUM
1		nd Gen	eral	Hos	PITAL	E. STR	TOWS I	oint Orres		res 🗌	NO 🛛
11	nale	White	WIDO	WED	VER MARRIED DIVORCED	FI 9/	OF BIRTH	9. AGE (In	yeors A	If Under 1 Yr.	If Under 24 Hrs. Hours Min.
do	A. USUAL OCCUP no during most of wa	ATION (Give kind of orking life, even if retin	work 108, KIN	D OF BUSIN	ESS OR INDUS	TRY 11. 8/R1	HPLACE (Stote or	foreign country)	12. CITIZEN OF	WHAT COUNTRY?
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1	Pober+	RAY		nbs		14. MO	THER'S MAIDEN	Jean	Huf	Fmar	
15. (Ye	Was Deceased E s, no or unknown) (ver in U.S. Armed If yes, give wor ar	Forces? dotes of serv	1 6. SO	CIAL CURITY NO.	17. INFO	RMANT			ADDR	
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	18.777	XI		(AUSE OF DE	ATH		, , , ,	1 011	APPRO	OXIMATE INTERVAL ONSET AND DEATH
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	UNDERLYING	obave couse (. CONDITION last.	A) slating	ine	(c)						
-		11			(-/						***************************************
ATION	DISEASE OR CON	ANT CONDITIONS (BUT NOT RELATED TO VOITION GIVEN IN I	O THE TERMIN PART 1 (A).	IAL	************	**************			***************************************		
ERTIFIC	19A. DATE OF O	PERATION 198 C	ONDITION F	OR WHICH	OPERATION	20 A.	AUTOPSY? (Yes or	No) 20B, IF Y	ES, WERE FINE	DINGS CONST	DERED
CALC	21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol examined	3	21& PLACE home, form, etc.)	OF INJURY (e., foctory, street,	g, in or obout office bldg.,	21C. WHERE DIE	O (IF	In Boltimore CI	ity, give exoct i	o co tion)
MEDI	21 D. TIME (A	Month) (Doy) (Ye	or) (Hour)		OCCURRED		21F. HOW DID	INJURY OCCU	R?		
	(APPROX.)	~		While At C	→ At Wo	ırk 📖		-			
	22. I certify th	at (1) (this haspi	tal) ottende	d the dece	eased from	9	-16-4	19 69 1	0	sa-	19
	that (l) (we) lo	st sow the decea	sed alive	วก		19	ond	that in (my)		death occu	rred on the dote
	and hour and fi	rom the causes s	tated obove	. (I) (We)	(did) (did not) view the	body after deat	h.			
	23A. SIGNATURE	Val	lop		DEGREE	attending	Med.	Staff N	238	9-16	,-69.
	23C. PHYSICIAN'S NAME (Type	VIILL	OP			ANA			OF MA		
_	BURIAL CREMA REMOVAL (Spe-	9-19	-69 240	NAME of	CEMETERY of C		NS HOP			//	
25A	SEP 23 19		E Jab	LE OF REGIS	PRAR	25C	TURTUA	RY SE	RVICE	- BCH	S



FUNERAL DIRECTOR:

	0-242 69	9362		HEALTH DEPARTMENT	REG. NO	69 9362
	BIRTH NO. 1. NAME OF DECEASED (JOSEPHIN IType or Print)	e T. Oc	zylowski)		AND HOUR OF DEATH	н
- -	TOSEPHNOE	10	Cy LOSKI	9-1	9-69	16:30 P. M
	3. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF HOSPITAL OR ADDRESS OR LOCK	AL OR INSTITE	UTION, GIVE STREET	1.000	nere deceased lived. If	institution: residence before admission)
	NOITUTICAL	THOR	E	BALTIMOR	D. IN	SIDE CITY LIMITS? YES NO
		08711A		E. STREET AND NUMBER	DEL Rd.	
ŀ	FW	WIDOWED		2-2-90	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haus Min.
0	10A, USUAL OCCUPATION (Give kind of wark done during most of working life, even if settred) Housewife	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or lo	reign cauntry)	12. CITIZEN OF WHAT COUNTRY?
ī	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AAF	1 CHNO
	_ John Czap				Unkno	own
Ċ	15. Was Deceased Ever in U. S. Armed Far (Yes, na or unknown) (If yes, give war ar dote NO	s of service)	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Zabielski Fun	eral Home. S	Address Scranton, Pa
A C	DISEASE OR CONDITION DIR LEADING TO DEATH (This does nal mean the mode of heart failure, osthenia, etc. (I means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, it of hise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19R CONT 19A-DATE	dying, e.g., the disease, death.) iny, giving stating the NTRIBUTING E TERMINAL 1 (A). ORMED 218.1 hame etc.) (Hour) 21E. Whill Work	(8) DUE TO, OR AS (C). HIGH OPERATION PLACE OF INJURY (e.g., in factory, street, offi INJURY OCCURRED At Work At Work	SE HEND Fales A CONSEGUENCE OF: O VOS CULCA A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N or obout) 21 C. WHERE DID ice bldg., INJURY OC CUR?	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exoct location)
24	and hour and fram the causes state 23A, SIGNATURE ACCELLED 23C. PHYSICIAN'S NAME (Type) AA. BURIAL CREMATION, 24B, DATE REMOVAL ISpecily) Burial 9/23/6	ed abave. (1) Luyer C. SON	(Wa) (did) (did not) vi	ding Med. Director BD. ADDRESS AATORY LS Ceme tery	Shoff Phys. De Pallium Contion (Contion (Contion) (Conti	238. DATE SIGNED G-G-G-G LOGINITY, town, or county) (State)
5	EP 23 1969 January	FILL TOWNS	REGISTRAR	Leonard J. Ru		to. Md. 21214

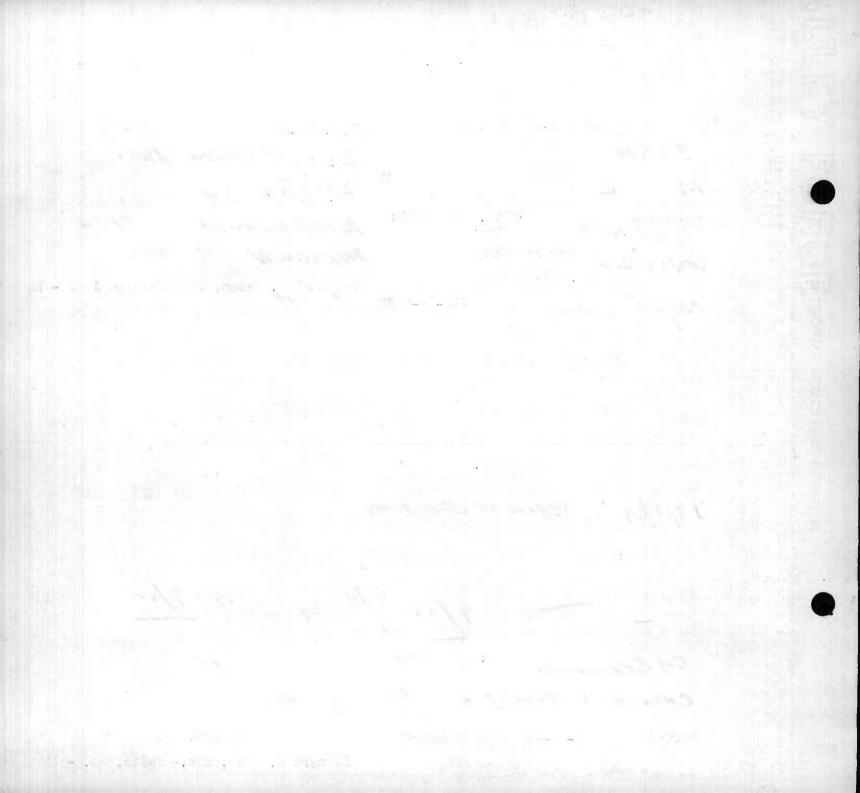


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VS 150-REV. 1/1/68

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

5-56069 9365	BALTIMORE CITY	HEALTH DEPARTMENT		69 9365				
DIDTH NO	CERTIFICA	TE OF DEATH	REG. NO	00 0000				
I, NAME OF DECEASED (Daniel)		2. DATE AND	HOUR OF DEATH					
Type or Print) Dornald Skir	mez	9-91-	1969	415P.				
B. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence before admission				
		A. STATE B. COUNT	Υ	24114				
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland	To this inc	CITY HAVES				
NSTITUTION	0.1 1.0	Balture &		ES NO				
00 2224 Westli	exa Att	E. STREET AND NUMBER	Υ Υ	ES NO NO				
00 2721 00 311 91		2224	Westfield	Are				
SEX 0 6. RACE 1 TO MAR	RIED NEVER MARRIED	- 1	AGE (In years In Not birthdoy)	f Under 1 Yr. If Under 24 Hrs Nonths: Doys Hours Min.				
MIDO.	WED DIVORCED	4-15-1877	92					
OA. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY		n country)	2. CITIZEN OF WHAT COUNTR				
black Som H		Scotland		USA				
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E					
John Skin	20 00							
		Catherine	?					
5. Was Deceased Ever in U. S. Armed Forces? 'es, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Of 1:				
No	705-03-9478	Doughter	2224	of pushing will				
1B. 1) A A A	CAUSE OF DEAT			APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY		1- 1	1	BETWEEN ONSET AND DEA				
LEADING TO DEATH	A DAMPENATE CALL	-Helpotochot	all groma) I JERI.				
(This daes nat meon the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	J. 7	7000				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or camplication which coused death.) (A) IMMEDIATE CAUSE He boat ocho Paugioma 1 year. DUE TO, OR AS A CONSEQUENCE OF:								
mer, a samples and a second second								
ANTECEDENT CAUSES (B)								
DISEASES OR CONDITIONS, if any, gi	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
UNDERLYING CONDITION last,	(C)							
	. , ,		<u> </u>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG A. taria.	cleratic Hear	He sense	2				
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL UNUUS	COCHOIR C MODE	0.000					
19A. DATE OF OPERATION 19B. CONDITION	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED				
WAS PERFORMED		NO	IN CERTIFYING CAUSE	S OF DEATH?				
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exoct location)				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, of etc.)	nce oldg., INJURY OCCUR?						
		215 14014 545	DV OCCUPA					
OF INJURY	While At Not While	21F. HOW DID INJU	KT OCCUR!					
(APPROX.)	While At Work Not While At Work							
22. I certify that (I) (this haspital) attend	22. I certify that (1) (this baspital) attended the deceased from July 19 1969 to Sept 16 1969							
	Cash 1/	1 10						
that (1) (we) lost saw the deceased alive			t in (my) (our) apmia	n death accurred an the de				
and hour and fram the causes stated above								
23A. SIGNATURE	A		23	B. DATE SIGNED				
Allestian TV	Atte Phys	nding Med.	Staff Phys.	4-21-69				
200 200	DIPGREE	23D. ADDRESS		0 11 11.				
23 C. PHYSICIAN'S			2000 1000	1 A A) A/ - 11.1 0 110				
HAME (Type) S F B A STIAN	RUSSO UI	5017 Hell	1970	1 Suprance ME				
WAME (Type) S F BASTIAN	RUSSO UJ	0	erd ord	O Sature Me				
MAME (Type) S F BASTIAN		0	CATION (City,	town, or caunty) (Stote)				
4A. BURIAL CREMATION, 124B. DATE	C. NAME of CEMETERY OF CRI	MATORY 24D. LO						
4A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 924/69	RUSSO UJ	MATORY 24D. LO	cation (City, Mary					
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial PARE (Type) S F B A STIAN 24B. DATE PROVAL (Specify) 924/69 SA. DATE REC'D BY HEALTH DEPT. 25B. NA	C.NAME of CEMETERY OF CRI HOLY Redeemer ME OF REGISTRAR	Bal 25C. FUNERAL DIRECTOR	timore, Mary	land				
4A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24B. DATE 24B. DATE 24B. DATE 24B. DATE	C.NAME of CEMETERY OF CRI HOLY Redeemer ME OF REGISTRAR	MATORY 24D. LO Bal	timore, Mary	land				

Laurent strage ing. I tel timete,

5 7110

7-500 69 9366 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.-BIRTH NO. WILLIAM A THOMAS 1. NAME OF DECEASED (Type or Print) 2. DATE OF Known 🔲 Month Yeor Hour Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Haur Yeor FULL NAME OF HOSPITAL OR INSTITUTION PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) September 18,1969 12:30 Pm 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence befare admission)

A. STATE

B. COUNTY

7 / 0:	nion Memoria	l Hospital		Maryland		1305
SEX	7. RACE	8. MARRIED NI	VER MARRIED	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
Male	White	WIDOWED	DIVORCED [Baltimore	YES	NO 🗆
PATE OF BIE	RTH 10. AG	E (In years If Under I	Yr. If Under 24 Hrs.	E. STREET AND NUMBER		
10/4 25	5 1892	thdoy) 77	dys i noors i wiii.	3241 Chestnut Ave	enue	
BIRTIPLACE	(State or foreign countr			13. FATHER'S NAME	reconstruct /	
Maru	12111	WHO	COUNTRY?	WILLIAM H	/homas	•
	UPATION (Sive kind af vor warking life, even if retir		NESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	, ,	
FORE	MAN	SANG Y 4VC	vel MINING	Wary Sch	roden	
. WAS DECEA	ASED EVER IN U.S. AR.	MED FORCES? 17. : oles af service)	SOCIAL SECURITY NO.	8. INFORMANT	ADD	PRESS
100	_	2/	5057680	ITATILE lester	MEN 324	1 Chesnut Hue
19.	120		CAUSE OF DEAT	Н		BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION		Rupture	d viscus with comp	licating per	itonitis
(This does	LEADING TO DEATH nat mean the mode of		(A)IMMEDIATE CA	MAN SON SECTION AND A SON TO SECTION AND A SON THE SECTION AND A S		
heort foilu	re, osthenia, etc. It meon	s the diseose,	- ADEADA CKA	WW COMPETATION OF VIEW		
			due to	hlunt objection t	- ma.uma	
	ANTECEDENT CAUSES S OR CONDITIONS, IF		(B) QUE TO OR A	blunt abdominal t	. rauma	D& 05-7 0
RISE TO T	THE ABOVE CAUSE (A)	STATING THE	502.70, 01.71	on concequence or.		
UNDEKLI	TING CONDITION LA	51.	(C)	. A arrana a na na na na na na na na na na na n		
OTHER SIG	II GNIFICANT CONDITION	SCONTRIBILITING				
TO THE D	PEATH BUT NOT RELATED	TO THE TERMINAL	Arteri	osclerotic Cardio	vascular Dise	ase
		CONDITION FOR WHITE	CH OPERATION WAS	PERFORMED	:	21. AUTOPSY? (Yes ar Na)
2						yes
	ERNAL CAUSE WAS	228. PLAC	E OF INJURY(e.g., i	n ar obout 22C. WHERE DID (If in bldg., etc.) INJURY OCCUR?	Boltimore City, give exact	
	NG OR CONTRIB-	nome, tarn	Street			n State Rte.279
		(Year) (Haur) 22E.IN		22F. HOW DID INJUR	Y OCCUR?	
	9-16-69 7:	50 A.M.m. WHILE WORK	V TON	ORK Driver in a	auto-auto col	lision
23.						
	ertify that I held an				basis, death in my a	pinion
res	ulted fram: Natural	couses Accid	ent X Suicide		determined manner	
ACTU	AL A la 1	11/1/18	7	CHIEF MEDICAL EXAM		DATE SIGNED
SIGNA		11 par	M.D.	ASSISTANT MEDICAL EXAM		
	INER'S Ronald (Type)	N. Kornblum	,M.D.	ASSOCIATE MEDICAL EXAM	MINER L	9/19/69
4A. BURIAL CR	REMATION, 248. DAT	TE 24C. N	ME of CEMETERY	r CREMATORY 24D 100	CATION (City, town,	or county) (Siote)
EMOVAL (Spi	ecity)	22-60 W/s	120/201	Man Park Bo	14 /hd	
SA. DATE REC	'D BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C FUNERAL DIRECTOR	/ ADI	DRESS
EP 23	1969 Robert	E Jaber MD		Burentin	noval Han	10 Boll M.
151-REV. 1/1/	48	1 -	h,	Wolder of	16 KSY 1 10 KW	E 10110
131-KEV. 1/1/	00 // 0 (0011 /	154	di auis 118 com	e yn	

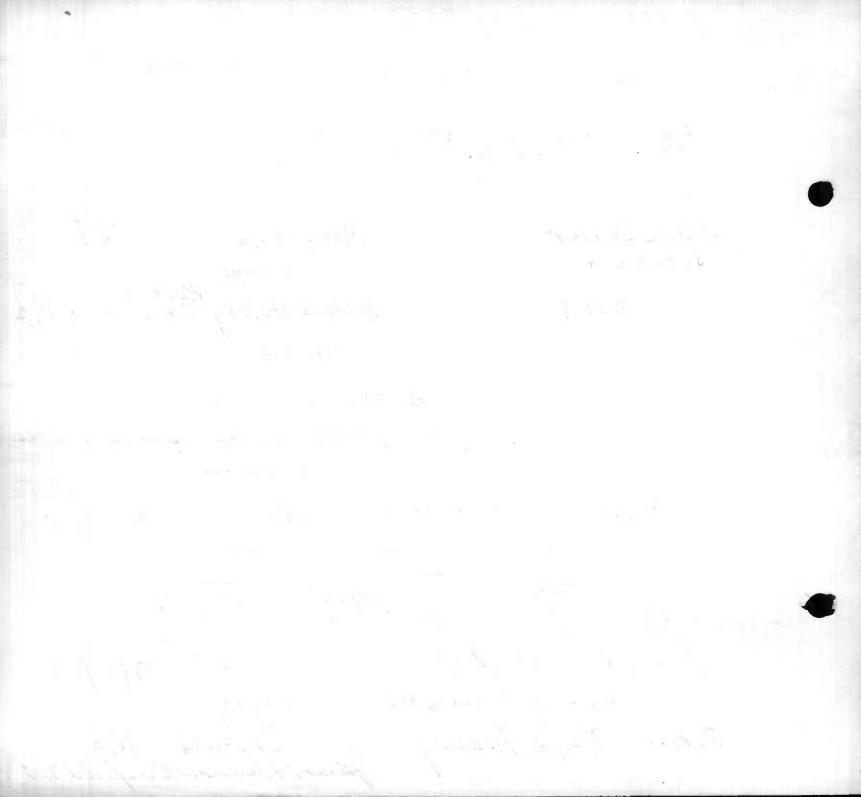
BALTIMORE CIT	TY HEALTH DEPARTMENT
77-6-06 60 0000	ATE OF DEATH REG. NO. 69 9367
(Type or Paint) DOLORES A, HARTNETT,	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md 2,609
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
23	BALTIMORE YES NO
CHURCH HOME HOSPITAL	3805 FAIT A VE, #21224,
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors lost bishday) 11-12-24 11 Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) HUTZLERCO 2002-08-09-09-09-09-09-09-09-09-09-09-09-09-09-	BASTIMORE, MD, AMERICAN
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS ZIEGEL	MARY MACHULCZ
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 215-12-9825	JANET L. HARTNETT SAME.
18. 194 X 1 CAUSE OF DEAT	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., A) (A) IMMEDIATE CA	USE CARDIO RESPIRATORY DRREST.
heart foilure, asthenio, etc. il means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	ASTASIC CANCER OF ROFE
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	AS TASIC CANCER OF BREAST
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	
\C/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
W 21A ACCIDENT WAS LINDED VINGED.	N O
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examined)	In or about 21C, WHERE DID (If In Bollimore City, give exact location)
21D. TIME (Month) (Doy) (Yeori (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whi	le
22. I certify that (1) (this hospital) attended the deceased from.	
that (i) (we) last saw the deceased alive on 9/20/69	ond that in(my) (aur) opinion death occurred on the date
and haur and from the causes stated above. (i) (We) (did) (did not)	view the bady after deoth.
23K. SHONATURE	238, DATE, SIGNED
1-1 Ralan DEGREE Phy	ending Med. Staff A. 9/20/69.
22 C Buyel of A and	23D. ADDRESS
CARIAC A LEA PLASA MA	5518 SARRIL RD.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
BURIAL 9-24-69 SACRED HE	ART CEM 7401 GERMAN HILLRD, BALTO CO., M.
SEP 23 1969 Page & Jabe & 1	25C. FUNERAL DIRECTOR 102 901 S. CONKLING ST.
/S 150-REV. 1/1/68	BALTO, 21224, MD,

There as the same of the same

Sharles digition 901 Si CONNENSE - 513

This certificate must be at roved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT X REG. NO. 69 9368
1. NAME OF DECEASED (Type or Print) 1. NAME OF DECEASED 1. NAME OF DEC
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decosed lived, II institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
33 JOHNS HOPKINST HH HOSPITAL E. STREET AND NUMBER RED /
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (in years lost birthday) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY
Seatood Dealer Mary and. U.S.
13. FATHER'S NAME
JAMES HELSBY ANNA ANDREWS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) Wa7 16. SOCIAL SECURITY NO. 17. INFORMANT Revee Address Muldred Helphy Cristie of Ma
18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
ANTECEDENT CAUSES PULMONARY INSUFFICIENCY / Week
DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
underlying condition last. (c) WIDES PREAD Carcinoma - princing 3 months
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIABLED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
O DIFFE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Fracture for Incentive Considered In Certifying Causes of Death? 20A. AUTOPSY? (Yes of No.) 12B. PLACE OF INLIES (Apr. in or obout 21 C. WHERE DID. 21A. ACCIDENT WAS UNDERLYING.
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not While At Work
22. I certify that (1) (fils hospital) attended the deceased fram 8 2+ 1961 to 1/0/ 1967
that (1) (we) lost saw the deceased alive an
and hour and from the causes stoted above. (1) (We) (did) (did not) view the bady after death.
23A/SIGNATURE Attending Med. Stoff 9/869
23 G. PHYSICIAN'S NAME (Type) GEORGE J. BERAKHH MD
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county); (Stole)
Burizi 9/21/69 Asbury Cristield Md.
25A. DATE REC'D BY HEALTH/DEPT. / 126B. NAME OF REGISTRAR / FEMEN KINNES Cresheld hel
VED TO SOS VICTORIA MILLEN MILLES MINES CRESCULA MIL



1213 W. Gay Son Balton and source 1225 N. Car Son Baltongel and is Maje needs in Silvery Silvery Helpen Reinard Burnerand Násec Seerenson Laure latiteen YES WHAT THE VEHICLE SOME THE CONTRACTOR Hepatomy galy paramole Discourse of Hara (V. J. K - 411 mg 9-22-69

Harrish 9-43-49 Harrings Concerny Harringsone, Mamphanel

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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FUNERAL DIRECTOR:

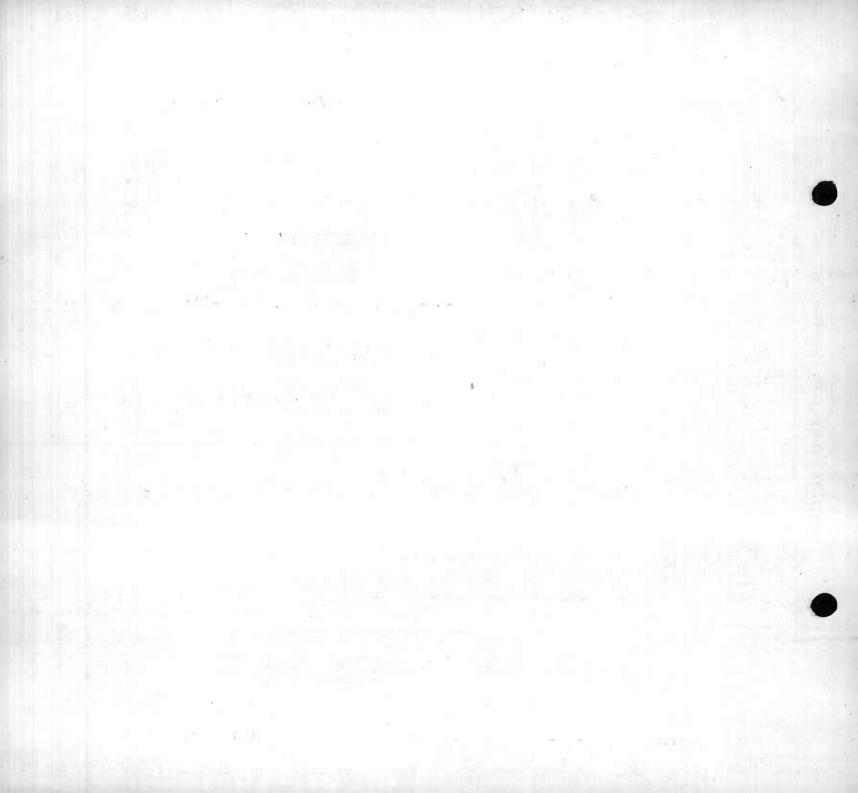
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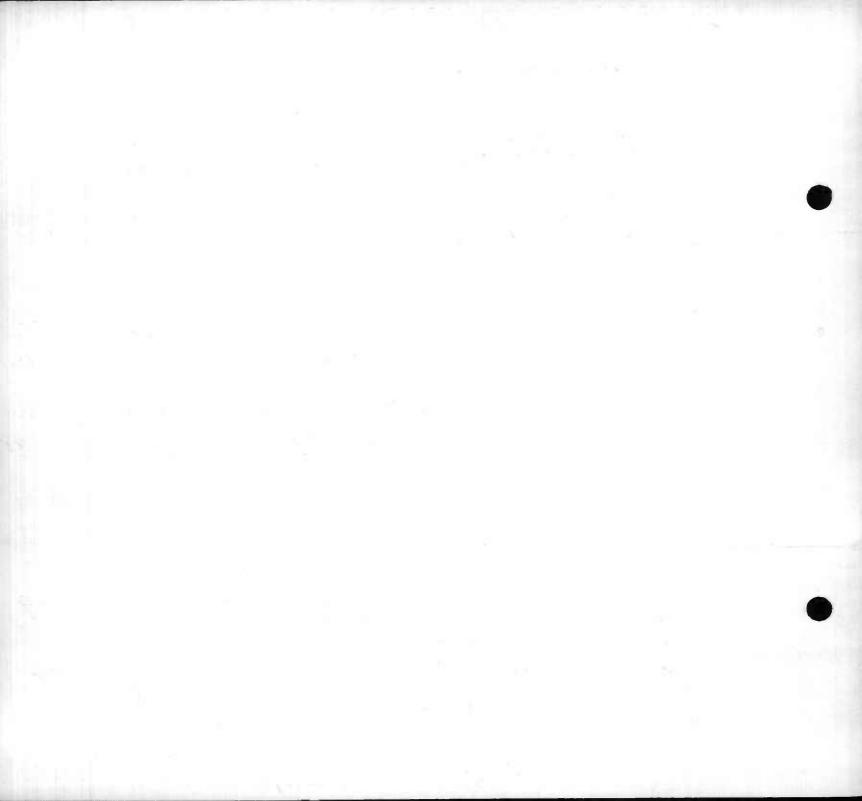
APPROXIMATE INTERVAL

ADDRESS

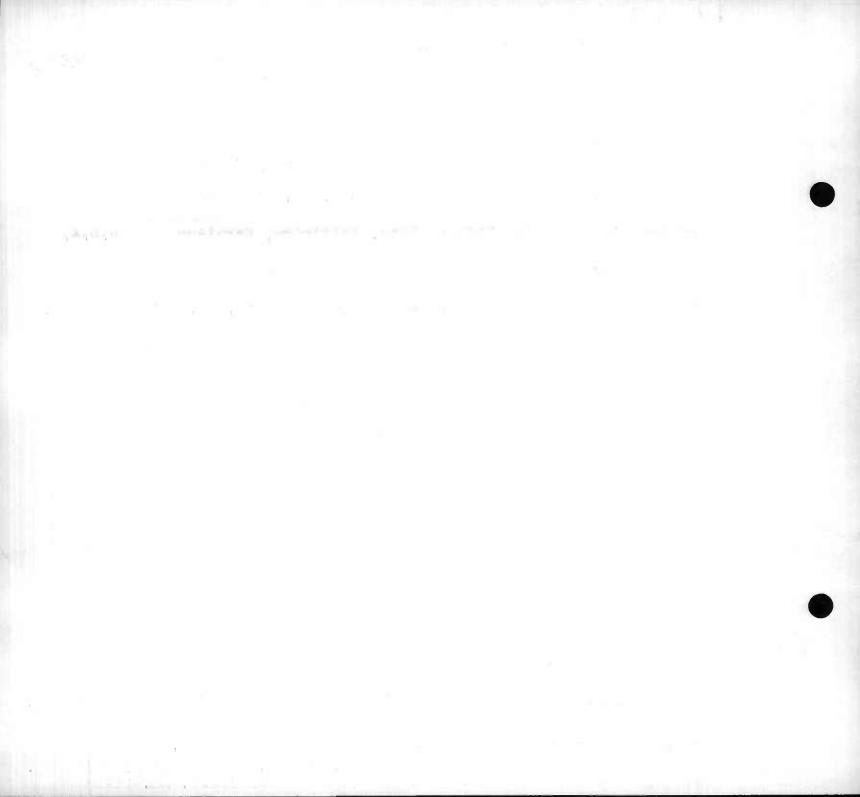
If Under 24 Hrs.



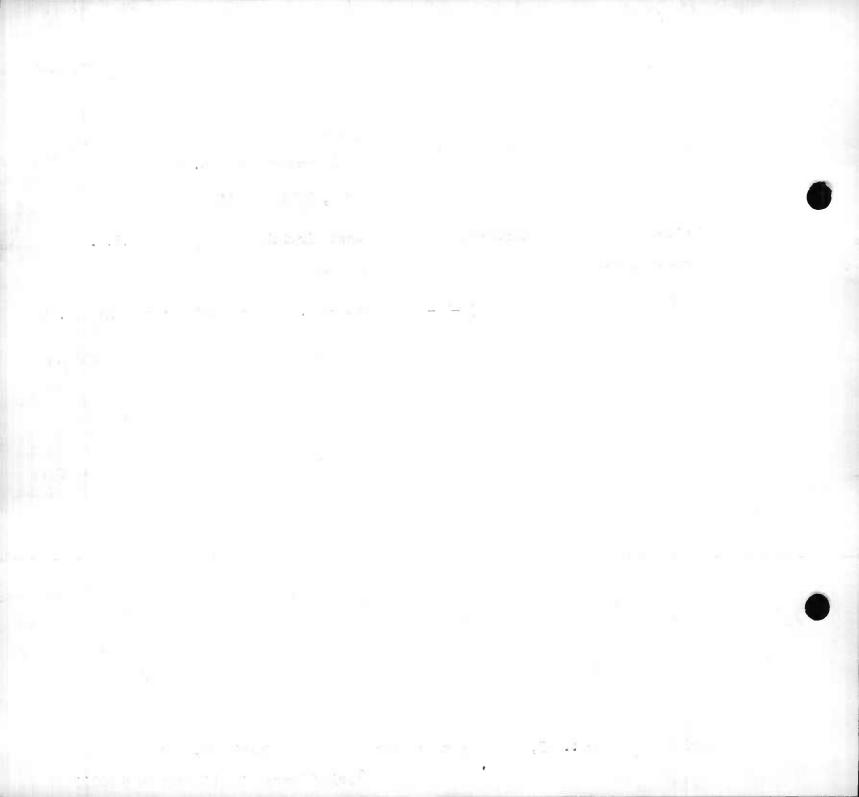
C-450 69 93	BALTIMORE CITY	HEALTH DEPARTMENT		69 9372
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	69 9372
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
Coolahan, Berna			ember 22nd	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE & COU	ere deceased lived. II i NTY	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland		2553
HOSPITAL OR ADDRESS OR LOCATION Saint Agnes Hospit.		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
Caton & Wilkens Av	27	Baltimore E. STREET AND NUMBER		YES X NO
Oaton a Wilkens Av	21229	2113 Whis	tler Ave.	21230
5. SEX 6. RACE 7. MARK	IED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Cau widow		9/2/12	57	Promiss Doys Hours Print.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even it refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
Clerk Kai	luay ZMEESS	Balto,	Md.	4317
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Degrapo To	-polaham	Lena	(5to	11)
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wer or dotes of servi	1 6. SOCIAL ce) SECURITY NO.	17. INFORMANT	101:	ADDRESS
yes wwith	212-09-851	5 Margare	T Colaha	11 semess H
118. 4 /0,41	CAUSE OF DEAT	1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		70.	ra Q Le	Well BETWEEN ONSET AND DEATH
(This does not mean the mode of dying,	(A) IMMEDIATE CAL		al Tufe	nelin sudde
heort failure, asthenia, etc. It means the dise injury or complication which caused death.)	dse,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	COT	- 00 to	1/20 71	3
DISEASES OR CONDITIONS, if any, gi	ing (B) DUE TO, OR AS	A CONSEQUENCE OF:	- Hearton	useau yeen
rise to the above cause (A) stoting UNDERLYING CONDITION last.		in Muses	radial In	Level Jeur 190
THE THE CONTINUE WAS A STATE OF THE STATE OF	(c) <u></u>	The gas	ourus !	-course of
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG	V		
TO THE DEATH BUT NOT RELATED TO THE TERMIN	/84444444444444444444444444444444444444			
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	at about 21 C. WHERE DID	Iff In Rollins	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, form, factory, street, of	fice bidg. INJURY OCCUR?	hi in poining	ore City, give exect tocotton)
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN.	Illay Occiles	
OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hous)	While At Not While		OK! OCCOR!	
1842	Work L At Work		- 60	0/0 60
22. I certify that (i) (this hospital) ottend	and.	7. 60	19 7 ta	9/22 19 7
that (I) (we) last saw the deceased alive			nat in (my) (our) ap	inion death occurred an the date
and hour and from the causes stated abov	o. (I) (We) (did)-(did not) v	lew the body after death.		238, DATE SIGNED
Julia P. Welvel	Ima AHO	nding Med.	Staff Phys.	9/22/60
	DEGREE Phys	3D. ADDRESS	Phys. 🗀	1/20/04
23G PHISICIAN'S NAME (Type)	Urlock MD.		lungter	e Blue
24A. BURIAL CREMATION, 124B. DATE 124	C. NAME of CEMETERY OF CRE			City, town, or county) (State)
REMOVAL (Spacify)	Balta 11/1+11	11 + 1	91+	Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	4/10.	ADDRESS
SFP 23 1969 Pale & Jale		Math Hus	1305 1	ORT (108, 21230
ATT OF TAXABLE PROPERTY.	7	11110 00116	11 61/1	~ / WV ! !



	4-256 69 93	72	HEALTH DEPARTMENT	REG. NO. 69	9373				
\$	TH NO.	CLKIIIICA	TE OF DEATH						
I.N (Ty	pe of Print Hilda Mar:	ie Leisner	2. DATE AND HO	8-69	11 46 A				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where dece	osed lived. If institutions r	esidence bifore odmission				
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR II DSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland c. City or town	D. INSIDE CITY L	5 44 IMITS?				
62.3	7 Mescy Daspi	etel	Baltimore E. STREET AND NUMBER	YES X	№ □				
			912 Dantry Co	urt					
5. 9	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGI	E (In years If Under	r 1 Yr. If Under 24 Hrs Doys Hours Min.				
		WED X DIVORCED	Sept. 21,1919	49					
10A	LUSUAL OCCUPATION (Give kind of work 108, KIN e during most af working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign cou	intry) 12. CITI	ZEN OF WHAT COUNTR				
		Secours Hosp	. Baltimore, Mar	vland	U.S.A.				
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0 = [
	Wendell Bessner	2	Unknown						
15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (if yes, give wor ar dotes af serv	II 6. SOCIAL	17. INFORMANT		ADDRESS				
(1 6:	No		Frank Leisner,	In 1/115 1	12701 St				
	118. / / / / 2	CAUSE OF DEATH		01. 141) 1	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT				
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Acute pulmonar	y educa					
	(This does not meon the mode of dying, heart failure, asthenio, etc. It means the dist injury ar complication which caused death,)	e.g., DUE TO OR AS	CONSEQUENCE OF:		*******************				
	DISEASES OR CONDITIONS, il any, giving (B) THE TO, OR AS A CONSEQUENCE OF:								
	DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) Chr onic obstructive lung dry DUE TO, OR AS A CONSEQUENCE OF: UNDERLYING CONDITION last.								
	II	(6)							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT								
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION 1 WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF	CONSIDERED DEATH?				
CAL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B.PLACE OF INJURY (e.g., in hame, form, foctory, street, after.)	or about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If In Boltimore City, giv	re exact location)				
ō	21 D-TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY O	C CUR?					
Σ	(APPROX)	While At Not While							
	22. I certify that (1) (this hospital) attend			to	10				
	that (I) (we) lost sow the deceased alive		19ond that In(my) (gur) golnlan dea	th accurred on the day				
	and hour and from the causes stated above			,, toor, springinged	seconos de me do				
	23A. SIGNATURE	(.) (e) (utu) (utu 101) V	ien the body offer death.	23 B, DA1	TE SIGNED				
	C. V. Cun	Atte	Med. Staff Director Phys.						
	23C. PHYSICIAM'S NAME (Type)	DEGREE PITYS	3D. ADDRESS		unout in				
24	CONSTANTINOS	DEGREE		40 SP, BACT					
24/	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATIO	ON (City, town, o	or county) (Stote)				
	Burial 9-22-69	Cedar Hill	Balt	timore, Mar	yland				
25/		ME OF REGISTRAR	George J. Go	once 4001 R	itchie Hgv.				
	SED 9 3 1969 Page E Ja	Des, M. C.		imore Md.					
VS	150-REV. 1/1/68	7 11 7 14							



VS 150-REV. 1/1/68



M-UNC	69	0000	BALTIMORE CITY	HEALTH DEPARTMENT		00 0	000
BIRTH NO.	09	9375	CERTIFICA	TE OF DEATH	REG. NO	69 9	3/5
1. NAME OF DECEAS	chn H.	m //	Sr.		ND HOUR OF DEATH	1919	
3. PLACE IN BALTIM	1 - /	WHERE PRONO		Se	/	767	11 A. N
FULL NAME OF HOSPITAL OR INSTITUTION		PITAL OR INSTITU	UTION, GIVE STREET	A. STATE B. COUL	altimor	IDE CITY LIMITS?	48
110				Baltin	dre		Пои
Mary la	nd 6	eneral	Hospital	E. STREET AND NUMBER	Purdue	Ave	
5. SEX 6. I	W	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdey)	Il Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
IOA. USUAL OCCUPA	TION (Give kind af v	ork 108 KIND OF		11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF	WHAT COUNTRY
	ing life, even il retire	di		Md.		USK	7
13. FATHER'S NAME	n E	Ma61	, V	14 MOTHER'S MAIDEN NA	ME No.	hle	
15. Wes Decesed Eve (Yes, no or unknown) (If	r in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT	1/6/	ADDRE	SS
No	yes, give wor or o	Oles of service/	SECURITY NO. 212-01-8042A	/	Patient		
	R CONDITION DING TO DEAT		CAUSE OF DEATH	M	/ T/		ONSET AND DEATH
(This does not re heart foilure, asth	meon the mode tenio, etc. it mea	of dying, e.g., ns the disease,	(A) IMMEDIATE CAU DUE TO, OR AS	SE / YO (A/d)	al total	ction a	cure
	olion which caus		0	01 +			
	ECEDENT CAUS		(B) (ereb	ral infarction		nou	ers.
DISEASES OR of the country of the co	bove couse (A	f any, giving A) staling the	(c) General	a consequence of:	1050/010915	400	21
OTHER SIGNIFICATION TO THE DEATH BUT DISEASE OR COND	JT NOT RELATED TO	THE TERMINAL	Careino Multis	ma of rect	eval E	n boli-he	nths ours
	ERATION 198 CO	ONDITION FOR WERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDUSES OF DEATH?	DERED
OR CONTRIBUTION	GITCAUSE OF	21 B. home	PLACE OF INJURY (e.g., in e, farm, foctory, street, off	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exact to	cation)
OF INJURY (APPROX.)	onth) (Day) (Yea		INJURY OCCURRED Not White	21F. HOW DID IN	URY OCCUR?		<u> </u>
22. I certify that	(i) (this hospit		e deceosed from	3-1	19 <u>67</u> to	STAX =	0 19 64
that (I) (we) last	t saw the decea	sed olive an	Sept, 2	2 196 7 and th		nion deoth occur	red on the dote
and hour and fra	m the couses s	ated abave. (1)	(We) (did) (did nat) vi	ew the body after death.			
B	ann	War	Atter Phys.	ding Med.	Staff Phys	23B DATE SIGNE	0/69
23C. PHYSICIAN'S NAME (Type)				3D. ADDRESS			
	Ann Wood		DEGREE	Maryland Gen		1	
REMOVAL (Speci Burial		1969 Lo	ME of CEMETERY of CRE udon Park Cem		altimore, Ma	iy, town, or countyl aryland	(Statel
SED 9 3 196	G No Sent &	258 NAME O	F REGISTRAR	Wm. Cook-Bro		ADD	
VS 150-REV. 1/1/68		400					

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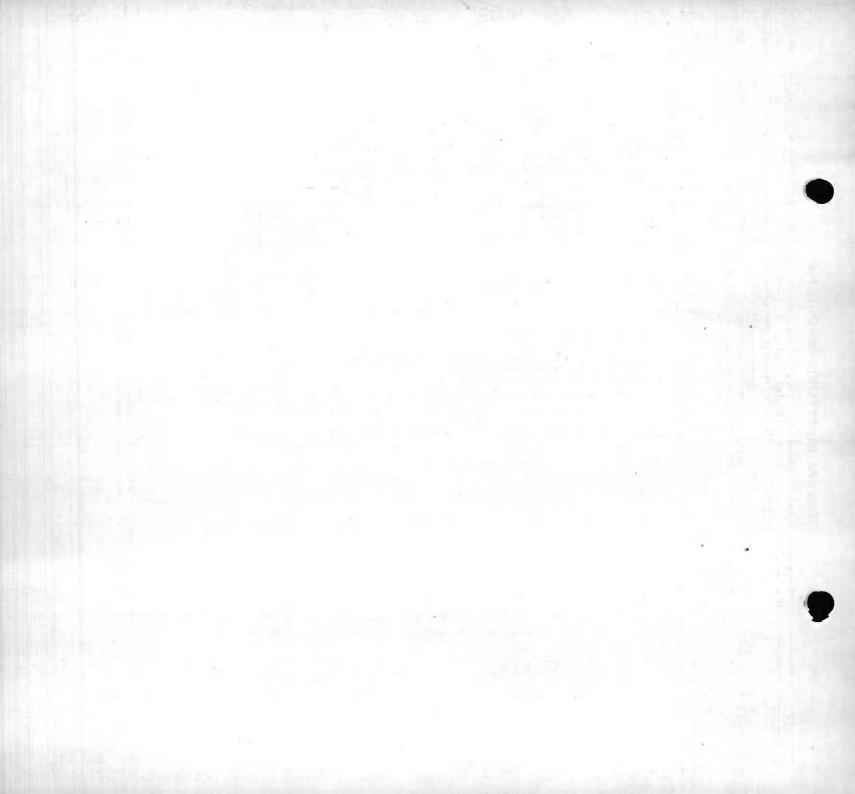
7501	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 69 9376	
pital and of death Deceased e on the ath. Such	1. NAME OF DECEASED (Type or Print) EMMA C. MULLEN) 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH	_
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decebsed lived, If institution: residence before odmission and an arrangement of the proposed process of the process of	M.
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland BALTO, 53	30
	Institution C. CITY OR TOWN - ESSEX D. INSIDE CITY LIMITS? Partition Viversity of Many land C. CITY OR TOWN - ESSEX D. INSIDE CITY LIMITS? YES NO E	
O L.	Hospital Rt. 1. Box 751A	
occurre ontribut regular sased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hi	rs.
occo onfri regumi sase	WIDOWED DIVORCED 1 7 - 22 - 04 62 i i	
4 , 4 i i i i i i i i i i i i i i i i i	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT	RY?
71 7 8 6 6	HOUSEWIGE MD. U.S.A.	
irect (4) (4) (4) the ispos	14. MOTHER'S MAIDEN NAME	
ANT tant of dig on on didis	15. Was Deceased Eyer in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT	
assistant if the di ny kind; id death ance on	(If yes, give wor or doles of service) SECURITY NO.	
A the	VWK. 215-69-1427B WM, E, MULLEN ABOUTE	
MPORTAN r his assistant lso, if the di of any kind; bunced death ttendance on	APPROXIMATE INTERVAL	
R: IMPO ner or his a er. Also, if cture of any pronounced lar attenda	LEADING TO DEATH (A)IMMEDIATE CAUSE	
R: er. ctur pron	heart failure, asthenia, etc. It means the disease,	
miner fraction progular	ANTECEDENT CAUSES ANTECEDENT CAUSES Typerfersive Cardiovascular	
xam kami A fr who reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF	
2 - 60 E.E.S	underlying condition last, (CEXOgenous Obesity	
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2 0 7 5 5 7 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [4].	
표 유투수 교육		
FUNEI he chief by a r 2) Body re the re physicifore the	1 9-9-69 WAS PERFORMED CENTX IN CERTIFYING CAUSES OF DEATH?	
- 5-07-16	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR?	
	210-TIME (Month) (Doy) (Year) (Hour) 215 INJURY OCCURRED 215 HOW DID INJURY OCCURRED	-
hospi natur cept w d (6) I	OF INJURY (APPROX.) While AI Not While AI Work AI Work	
S S X X E to	22. I certify that (I) (this hospital) attended the decrease (1)	
0 0 0 0 0	that (I) (we) last saw the deceased alive an 9/17 and that in (my) (aur) apinian death accurred an the dai	
	and haur and from the causes stated above. (1) (We) (did) (d	
must be eleased ccident a hospit to deat	23B. DATE SIGNED	-
ate must be as released in accident at a hospit rior to deat	Phys. Director Director Director Diversity	
This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	NATHANIEL AIKINS-AFFUL, M.D. University of Maryland Hospital	,
P P P B B B B B B B B B B B B B B B B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)	-
This certif the body shows: (1) was D.O./ deceased	BURIAL 1/20/69 LOUDON PARK BALTO. MO.	
This certhe bocshows:	25G, FUNERAL DIRECTOR ADDRESS 200	-
< 0 < N + -1	SED 2 3 1969 (Padent & Fallow ARD) J. E. CONNELLY SONS MACE	5

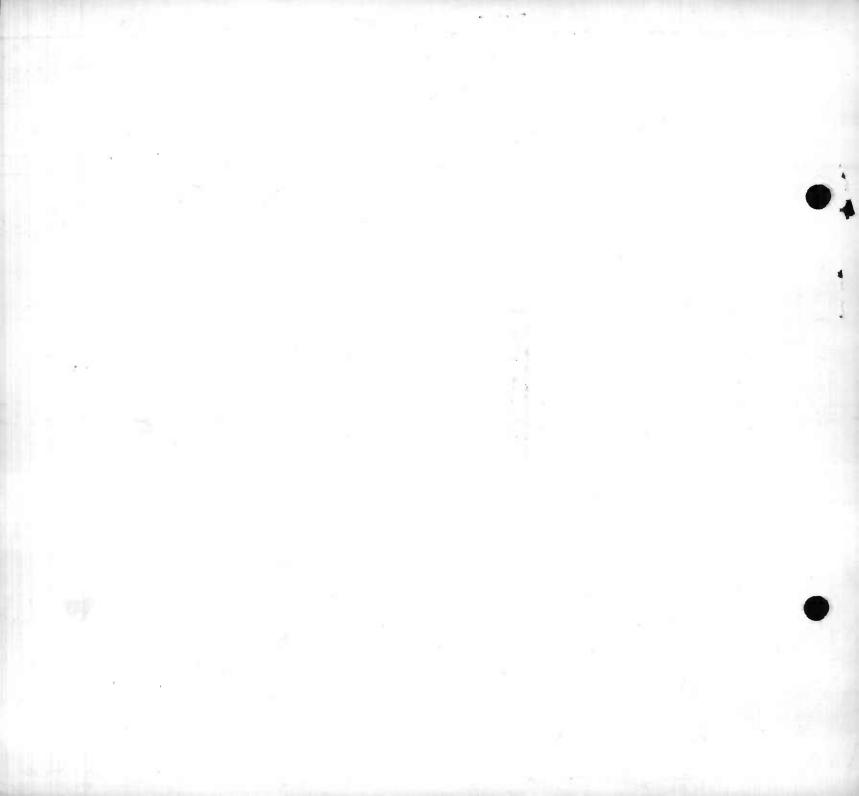


	P-400 69 937.7		TE OF DEATH	X REG. NO	69	9377				
	1. NAME OF DECEASED (TYPPODE FANNIE		2. DATE AL	HOUR OF DEATH	1969	12:45 A.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	no decoased lived. If in		MA.				
	ST AGNES HOSPITAL FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	HOWARD C		6300				
	WICKENS & CATON AVENUES		LISBON	D. 1143	YES T	ио ХХ				
	BALTIMORE MARYLAND 212	29	E. STREET AND NUMBER							
ada		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	I II Hadas 1 V	11 Hadas 24 Ha				
IS TH	FEMALE WHITE WIDOWEDX	X DIVORCED	03 16 85	lost bighdoy)	Months Doys	Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fore	ign country)	12. CITIZEN C	FWHAT COUNTRY?				
disposition	Housewife		MARYLAND		USA					
8	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	100					
S	CHARLES PICKETT	DEC 'D	Anni	.e ?						
	15. Was Deceased Ever in U. S. Armed Faices? (Yes,no or unknown) (If yas, give war or dates of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ECORD'S BA	LTIMO 199	RES MD 21229				
ringi	NO	212 52 3569		OSPITAL WI						
or	18. / 5 3 8	CAUSE OF DEATH		OST TIAL WI	APPI	ROXIMATE INTERVAL				
D 0	DISEASE OR CONDITION DIRECTLY	(10)	-0 - 0		SETWE	EN ONSET AND DEATH				
e E E	LEADING TO DEATH (This does not mean the mode of dving a g. (A) MAMEDIATE CAUSE MICE of COLON II									
00	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	head failure, asthenia, etc. It means the disease.								
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S	rise to the above cause (A) stating the		A SONSEQUENCE OF							
	UNDERLYING CONDITION last.	(C)				***************************************				
remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************************	Markers 000000000000000000000000000000000000							
e tne	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR W WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	HICH OPERATION	NO	208. IF YES, WERE F	INDINGS CONS	SIDERED 17				
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	(APPROX.) While	Not White								
	22. I certify that (1) (this hospital) attended the	deceased from SF	PTEMBER 12	0 69 to SEP	TEMBER	10 10 60				
9	that M) (we) lost saw the deceased alive on S.	EPTEMBER 19	19.69 and the	ot In (WW) (out) only	ion death acc	urad on the date				
- 11	and hour and fram the causes stated obove. ()	(We) (dld) (dXdXnXeYvI	ew the hody ofter death	inthity tool, opin	NON GEGIN GCC	orred dit the date				
must	23A. SIGNATURE	- A A A A A A A A A A A A A A A A A A A			23B, DATE SIGN	NED				
	Charles J. Langelost									
abbrovai	23C.PHYSICIAN'S NAME (Type)	V DEGREE	D. ADDRESS			D 21229				
de	CHARLES LANCELOTTA.MD	25025	ST AGNES HOSE		ENS & C					
		ME at CEMETERY of CREA			, lawn, or count					
ritten		amily Buria	l Lot Li	sbon, Howa	rd Co.,	Md.				
ML	SEP 2 3 1969 (Gene & Marker A	REGISTRAR	25C, FUNERAL DIRECTOR	Sukesvi	, AD	ODRESS				
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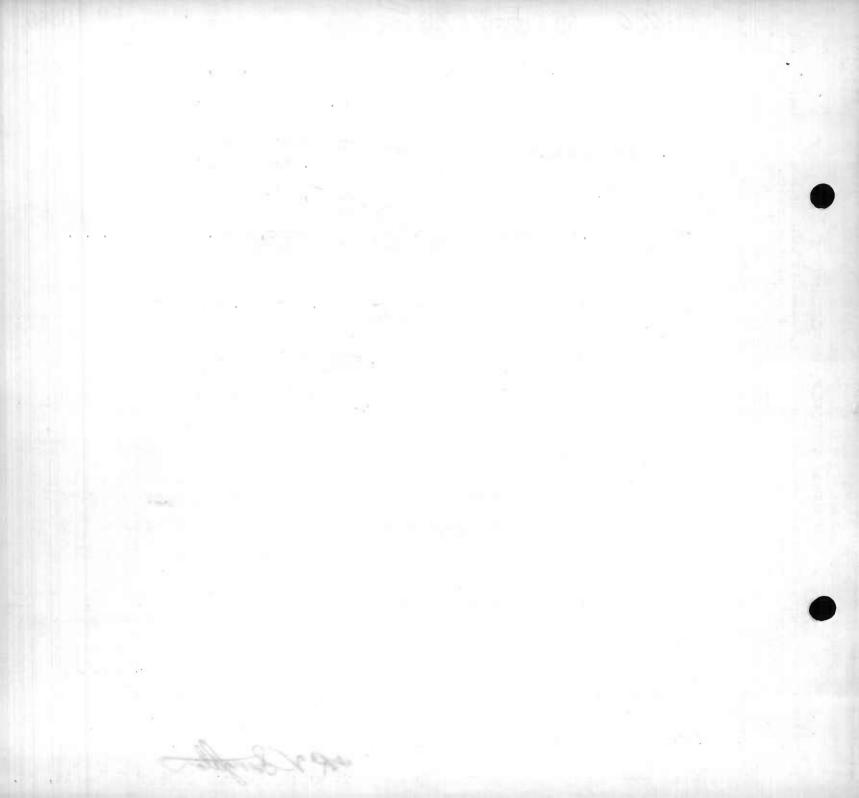
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5665	H-652 69 9378 CERTIFICATE OF DEATH	
of death of death Deceased e on the	Type or Print) 2. DATE AND HOUR OF DEATH OTO PRINT A 1000 S 2. DATE AND HOUR OF DEATH OTO PRINT A 1969 A	
hospital ise of d (5) Dece ance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lives. If institution: residence before odmi	ssion)
hospi ise o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND	
n a h cau use; tendo	HOSHITLOR ADDRESS OR LOCATION) INSTITUTE OR ADDRESS OR LOCATION INSTITUTE OR TOWN EASTERN Avenue Baltimore, Maryland C. CITY OR TOWN BALTIMORE YES TO NO	-
in g a p in .	Baltimore Coty Hospian 4114 COLEMAN AVENUE #21213	
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or condeter in redecection is	0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) U.S.A. U.S.A.	JNTRY?
rect (4) Ur was the isposi	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
IMPORTANI or his assistant Also, if the dir of any kind; (ounced death ittendance on ned or final dii	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT RECORDS: B C H 4940 EASTERN AVENUE #2122	4
S assi if the any k ced o	18. CAUSE OF DEATH APPROXIMATE INTER	
his as so, if of any unced tenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DEATH
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chie chie Bod the the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)	
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d K r b	21D. Time (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
oved e hos y natu ccept nd (6)	Work Al Work 5-11 68 9-19	69
o the an an (e); a	22. I certify that (1) (this haspital) attended the deceased from 19 to 19 that (1) (we) lost sow the deceased alive on 9-19 19 69 and that in (my) (our) opinion death occurred on the	e dote
t be c sed t ent of pital eath)	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
ust ease iden nosp de	23A. SIGNATURE 23B, DATE SIGNED Attending Med. Shoff 12	a
rel acc	23C. PHYSICIAN'S 23D. ADDRESS	-1
rificate y was 1) An 3.A. at d prio	DR. R HALLER 4940 EASTERN AVENUE #21224 BCH	
F-B-000 E		lole)
This ceri the bod shows: was D.G decease	Diria 1 7-20-69 (Ceula Hodge) and to 1 16 House Mel 250. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 259. FUNERAL DIRECTOR ADDRESS	
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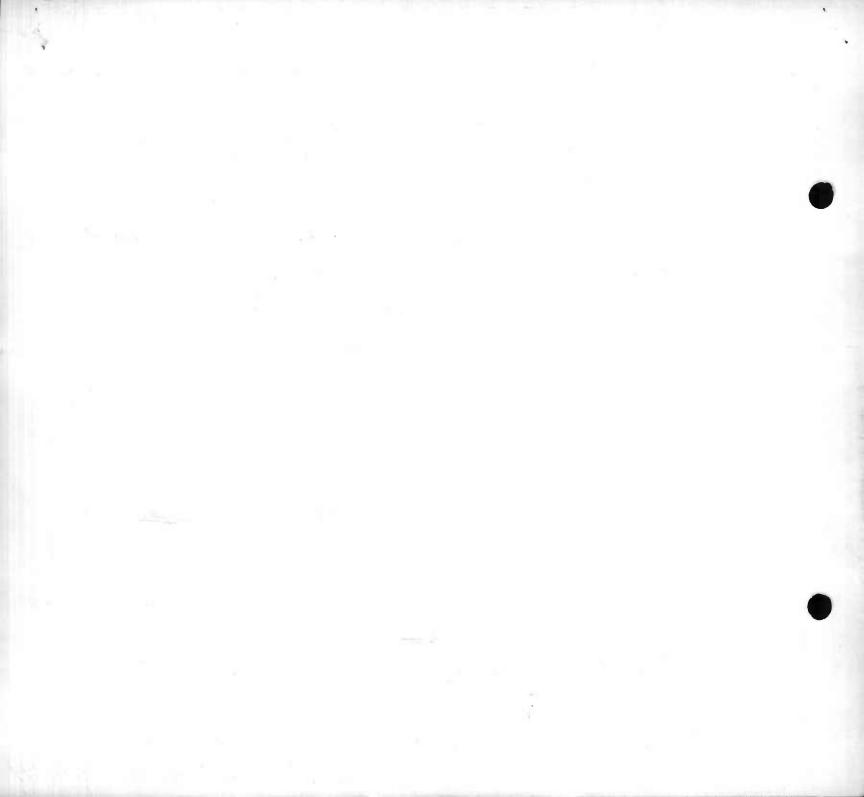
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111-460	69	9380	CERTIFICA	TE OF DEATH	REG. NO	00 3380
NAME OF DECEAS	SED			2 DATE A	ND HOUR OF DEATH	н
Type or Print)						
3 PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOL	MELLOR	14. USUAL RESIDENCE (Wh	t. 19.1969	institution; residence before admission)
S. PEACE III BACIIII	ORG MARIEARD, VI	VITERE VROITO	MCID DIAD	A. STATE B. COU	NTY	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Md. A	nne Arundel	
OSPITAL OR	ADDRESS OR LOC	A IION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
1				E. STREET AND NUMBER		YES NO
O St. App	es Hospita	1		E. STREET AND NUMBER		
			***	500 S. Hammi	onds Ferry	Road
	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male "	hite	WIDOWED [DIVORCED	June 6,1890	79 Pirthdoy	
		k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
	king life, even if retired)	01 4 *	1 01	Managara	11-22	11.6.0
FATHER'S NAME	(ret.)	Nation	al Plastic	MODESTER,		U.S.A.
FAIRER S NAME				IN MOTHER S MAIDEN NA	AVVIE	
John M	ellor			Mary L	annan	
. Was Deceased Ev	er in U. S. Armed For yes, give wor or date	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS as
No	None	- or service/	215-07-4759-	A Mrs. Ethel	H. Mellor	
1B, /	77.		CAUSE OF DEAT			APPROXIMATE INTERVAL
1-1-1-20	of soundinous pu	DECTI V	0,000 01 02.11	0		BETWEEN ONSET AND DEATH
	OR CONDITION DI ADING TO DEATH			Me 1 1/2	1- 0-11	Vin 2 mis
	mean the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	occessor v	1 to the second
heart failure, ast	lhenio, etc. It means	s the disease,	DOE TO, OR AS	A CONSEQUENCE OF:		
	cotion which coused		(),0		4 -4	
AN	TECEDENT CAUSES	5	(B) Clare	Lis Sele	reser	3 Mr_
	CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	obove cause (A)	slating the	(c)			
ONDEREITHO	TONDINON IUSI.		(C)	***************************************		
OTHERSIONIELG	II	ALITOIDUITING				
TO THE DEATH E	ANT CONDITIONS CO	THE TERMINAL		***************************************		
DISEASE OR CON	PERATION 198 CON	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or N	No) 20B, IF YES WER	E FINDINGS CONSIDERED
19A. DATE OF O	WAS PER	RED			IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
21A. ACCIDENT	WAS UNDERLYING	7 21R	PLACE OF INITIDATE A	n or obaut 21 C. WHERE DID	lif in Rolaim	nore City, give exoct location)
OR CONTRIBUTII	NG CAUSE OF	hom	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(II IN BOITIM	OTE CHY, GIVE EXOCI IOCOTION)
DEATH (notify me	edicol exomined	etc.)			•	
U OF INITION	Aonth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)			le At Not Whi	е		
	48.44.	Woi				ationia
22. I certify the	at (1) (this haspita	i) attended ti	ne deceased from		1960 to	9/19/69 19
that (I) (we) la	st saw the decease	ed alive an	9/19/69	19and 1	that in (my) (our) a	pinian death accurred on the dat
and hour and fi	om the couses sta	ted above. (I) (We) (did) (did nat) v	riew the body after death		
23A, SIGNATURE	Λ	1				23 B. DATE SIGNED
101	1 /	00		ending Med.	Shaff	9/16/65
Alger	1- 00	U	OEGREE Phy		Phys.	1/19(67
NAME (Type	CHARLES L.	BALL IR I	Op.	23D. ADDRESS	-	
	Olimiteto E	MAPLE ROAL	OEGRES	Kanthice	- 1	nd -
A. BURIAL CREMA	TION. 248 DATE		AME OF CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State)
REMOVAL (Spe		יכואו לפונותחוד	1			
durial	0/00/66		release Donath Co.		m = 1 ± 4 ± 10 ± 10 = 1	M
	9/22/69			netery	Baltimare,	
SA. DATE REC'D BY		25B. NAME C		netery	Baltimare,	ADDRESS
FP 2 3 196					Baltimare,	ADDRESS



BIRTH N			938	1		HEALTH DEPARTMENT	REG. NO	6	9	9381
1. NAME (Type or	OF DECEA	Lillian	G. De	വാതി	htv	2. DATE	AND HOUR OF DEATH	H	10	100 P
3. PLAC	E IN BALTIA	AORE, MARYLAND, V				4. USUAL RESIDENCE (W	here deceosed lived. If	institution: re	sidence	before odmission)
FULL NA HOSPITA INSTITUT	AME OF	OF NOT IN HOSMI ADDRESS OR LOC Provident 1514 Divis Baltimore,	Anon) Hospi sion S	ita. Str	l, Inc.	Maryland C.CITY OR TOWN Baltimore E. STREET AND NUMBER 1524 Madisc	D. IN	SIDE CITY LI		NO [
5. SEX		RACE	7- MARR	IED [NEVER MARRIED 🔀	8. DATE OF BIRTH	9. AGE (In years lost birthday)	if Under	1 Yı. Days	If Under 24 His. Hours : Min.
	ale	Negro	WIDOW			7-2-98	lost birthday			
done durin	stic	KIION (Give kind of world king life, even if retired)	KIOB, KINE	OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or le	a speed	12. Citi		S.A.
	les Do	ughty				14. MOTHER'S MAIDEN N				
5. Wos I	Deceased Ev	er in U. S. Armed For	ces?	ce) 1	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRI	SS
				2		Mrs. Lillian	Smith- day	ghter		Same
DISE rise UND OTHE TO THE	s does nat I foilure, ast y ar campli AN EASES OR to the DERLYING (ER SIGNIFICA HE DEATH :	ADING TO DEATH meen the made of thenip, etc. It means cation which coused TECEDENT CAUSES CONDITIONS, if above cause [A) CONDITION last, II ANT CONDITIONS CO DITION GIVEN IN PAR	ony, giv	ring The	(B) Ca	A CONSEQUENCE OF: A CONSEQUENCE OF:	aidne, he ston	ach	I a	Bout 1 m
	DATE OF O	PERATION 198. CON WAS PER	DITION FO	OR WI	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS AUSES OF D	CONSI DEATH?	DERED
OR C	ONTRIBUTIN	WAS UNDERLYING CAUSE OF edical examined		21 B, P hame, etc.)	LACE OF INJURY (e.g., i farm, factory, street, a	ar about 21C. WHERE DID	(If In Bollima	ore City, give	exact l	acation)
Q 21D. 1	NJU RY	Aonth) (Day) (Year)	(Hour)	21 E. II While Work	At Not While At Work		NJURY OCCUR?			
that	(I) (we) la	at (1) (this hospital st saw the decease am the causes stat	d alive o	an 🏯	dept 16	September 9, 19 67 and lew the bady after death	19 69 ta Ser that In(my) (aur) ap			
23A. S	SIGNATURE	lour Es	lar		M.D. Atte	nding Med. Director	Staff Phys.	23B DAT	7/	-69
	PHYSICIAN'S NAME (Type	ESAR	ESTE	pyı	E, M.D. DEGREE	1514 Division	Street Ba	lto.,	Mar	yland
BUR BUR BU	MOVAL Special	110N, 24B, DATE 9/20/6	1	MT				Md		
25A. DAT	PPS1	969 Robert			REGISTRAR A.D.	25C. FUNERAL DIRECTO	ALSTEAD,	1206	WADI	nerth A



	N-450 69 9382 BALTIMO	RE CITY	HEALTH DEPARTMENT		69	9382	
BI	RTH NO. CERTI	FICA	TE OF DEATH	REG. NO		00015	-
1.	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH			
(1)	(Pe or Print) LERDY NIOLAN		Soph	ember 21	010	1250	1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution:	residence before o	dmission)
FL	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI	EET	A. STATE B. COUNT	_		1702	
II in	ISTITUTION ADDRESS OR LOCATION)	ĺ	C, CITY OR TOWN	D. INS	IDE CITY I	LIMITS?	
ll c	Marietrity Hocaital		- IIII	1201	YES	NO [
10	with the graph of		E. STREET AND NUMBER	CL			
II-			615 Camel.	21,			
3.	SEX MARRIED NEVER MARRIED DIVORCE	""" <u> </u>		a AGE (in years ost birthdoy)	If Und Months	er 1 Yr. If Unde Doys Hours	Min.
10/	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CIT	ZEN OF WHAT	COUNTRY
do	ne during most of working life, even if retired)		end.		1	es. P	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0.	23,7	
			IN MOTHER'S MAIDEN NAM	i E			
10	ant		hade				
(Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO	D.	17. THEORMANT			ADDRESS	
	2/8-07-8	1120	Hospital Ke	ecords			
	18. CAUSE OF					APPROXIMATE IN	
	DISEASE OR CONDITION DIRECTLY		11 - /* 1		1	BETWEEN ONSET A	ND DEATH
1	LEADING TO DEATH	IATE CAUS	Herarc 10	ma) da	45
li .			CONSTQUENCE OF:				/
	injury or camplication which coused deoth.)	- 4	1 / -1			1011	P
	ANTECEDENT CAUSES	(1)	rmosis		!	10 91	3
	DISEASES OR CONDITIONS, if any, giving DUE TO	OR AS	A CONSEQUENCE OF:	*******************		·······················/	
	inge to the opping cops [W. storing the				-		
	UNDERLYING CONDITION lost, (C)						********
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
NE N	ITO THE DEATH BUT NOT RELATED TO THE TERMINAL		***************************************				
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATIO.	N	20A. AUTOPSY? IYes or No)	208, IP YES, WERE IN CERTIFYING CA	FINDING:	CONSIDERED	
RTI	WAS PERFORMED		NO	IN CERTIFYING CA	USES OF	DEATH?	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUI OR CONTRIBUTING CAUSE OF home, form, foclory, a	RY le.g., in	or about 21C, WHERE DID	(If In Boltimor	e City, gh	ve exact location)	
CA	DEATH (notify medical examined) lead lead lead lead	ineet, oth	ce bldg., INJURY OCCUR?				
EDIC	21D-TIME IMonth) IDoy) (Year) IHour 215 INJURY OCCUR	RED	21F. HOW DID INJU	PY OCCUP?			
ME	OF INJURY	ol While		K! OCCOR!			
	Work LI A	At Work					10
	22. I certify that (1) (this haspital) attended the deceased from	m	7-3 19	69 10 9-	21	19.	67
	that (i) (we) lost sow the deceosed alive an $9-2$		19.69 ond the	in (my) (our) opi	nian dec	th occurred on	the dote
	and hour and from the couses stated abave. (1) (We) (did)	vi	ew the bady after death.				
	23A. SIGNATURE				23B, DA	TE SIGNED	
	Rederak Palsoy, Money	Atten Phys.	ding Med. S	hys. 🖾	19.	-21-69	
	23 OK PHYSICIAN'S		BD. ADDRESS	nys, 	-	2.01	
	PREDERICK PEARSON, MIL	,	Univ. 1	6000			
24/	FREDERICK FARSON, M.J. BURIAL CREMATION, 124B. DATE 124C, NAME of CEMETER)	DEGREE		CATION .			15:
	REMOVAL ISpecify)	Y of CREA	AATORY 24D. LO		y, town,	or county)	(Stote)
_	Bund 19/25/69 mx. and	m	- 10	elte. n	rd	1000000000	
254	A DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR		25C. FUNERAL DIRECTOR	Λ		ADDRESS	11-1
	SED 2 S 1969 Rober & Valley M. R.	Aug	XIM. C. Chales	uau /1-12	617	Mr. Cullo	んらて
1/6	TEO DEV. 3/1/40						



Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Bethlehem Cemetery Transit-Burial 9-25-69 Summerton, S.C. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1735 Harfor PDASS. 21213 Robert & Jastey M.D. Marshall W. Jones, Jr. VS 151-REV. 1/1/68

The Committee of the

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

WALTER DABROWSKI 1005 DUNDALK AVENUE

ADDRESS

J-520 69 9385 BALTIMORE CITY HEAL MEDICAL EXAMINER'S CE

LTH DEPARTMENT	CO	0000
ERTIFICATE OF DEATH	69	9385

BIRTH NO.								
I. NAME OF DECEASED TO		2. DATE	Known 🔼	Month	Doy	Yeor	Hour	
(Type or Print) Simon Jung (THLIE T	. JUNG)	OF DEATH	Estimoted					14
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUT	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	, GIVE STREET	PRONOU	INCED DEAD	9	14	69	6:55	Δ
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		5 TISTIAL PE	SIDENCE (Where					
2.2		A. STATE	SIDEIACE (IIIIere		COUNTY	i. residence i	Delore dumissi	on j
University Hospital			Maryland				XOU	2
6. SEX 7. RACE B. MARRIED I	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	ITY LIMITS?		
Male Chinese WIDOWED	DIVORCED [Ba1	timore		Y	ES X	NO 🗌	
9. DATE OF BIRTH 10. AGE (In years If Under	r 1 Yr. II Under 24 Hrs.	E. STREET A	ND NUMBER					
Dec. 1, 1912 ost birthdox) Months	Doys Hours Min.	2001	P Nonth	A =======				
, 30	ZEN OF	13. FATHER'S	E. North	Avenue	3			
WHA	AT COUNTRY?			oo Hom				
Canton, China	U.S.A.		Lung Y					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUS done during most of working life, even If retired)	SINESS OR INDUSTRY	15. MOTHER	, -					
Store Confect:	ionerv		(not k	nown)				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117	. SOCIAL	IB. INFORM	ANT:SON		Dira	DDRESS	Md.20	940
(Yes, no or unknown) (II yes, give wor or dotes of service) Yes WWII	SECURITY NO. 56-12-9458	Robit	. K. Jun	r 460	9 Tuck	erman	Rd.	040
Yes WWII 5	CAUSE OF DEA		. It's our	89 100	Juck		PROXIMATE INT	RVAL
E 965 X	CAUSE OF BEA					BETW	ZEN ONSET AN	DEATH
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH	(A)IMMEDIATE C	AUSE Gun	shot woun	d of at	domen			
	MORK KOK BURY	MAX CHINCEOU	NEM SENDEX					
(This does not mean the made of dying, e.g.,								
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	G14		0		11 1	, ,		
(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANIECEDENT CAUSES	(6) Compli	cating:	Gangrene	of sma	ı11 bow	el and	pneumo	nia
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B) Compli	cating: as a consec	Gangrene	of sma	ıll bow	el and	pneumo	nia
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDEPLYING CONDITION LAST	(B) Comp 1 i	cating:	Gangrene	of sma	ıll bow	el and	pneumo	nia
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDESTYING CONDITION LAST	DUE TO, OR	cating:	Gangrene	of sma	all bow	el and	pneumo	nia
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(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WH	(C)	AS A CONSEC	DUENCE OF:			21. AUTO	PSY? (Yes or	
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(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WH 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION	(C)	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DUENCE OF:	II in Boltimore	City, give exo	21. AUTO	PSY? (Yes or	
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WH 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLA NOTICE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE P	CE OF INJURY (e.g., rm, loctory, street, ollice STOTE	AS A CONSECTION OF STREET	ED C. WHERE DID (JURY OCCUR?) 2001 E. N	II in Boltimore	City, give exa renue	21. AUTO	PSY? (Yes or	
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WH 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLA: home, los UTING CAUSE OF DEATH. 22CD. TIME (Month) (Doy) (Yeor) (Hour) 22E. J.	CE OF INJURY (e.g., rm, loctory, street, ollice store	AS A CONSECTION OF STREET	ED C. WHERE DID (JURY OCCUR?)	II in Boltimore	City, give exa renue	21. AUTO	PSY? (Yes or	
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHOM IN CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.I WHILL (APPROX.) 1 18 69 7 Pm. WOR 23.	CE OF INJURY (e.g., rm, loctory, street, ollice store injury occurred in the control of the cont	AS PERFORMI	ED C. WHERE DID (JURY OCCUR?) 2001 E. N F. HOW DID IN. Shot duri	Il in Bolhimore orth Av lury occui ng hold	City, give exa renue r? lup .	21. AUTO	PSY? (Yes or	
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	0-140 60 0000	BALTIMORE CITY	HEALTH DEPARTMENT		00 10000
-	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	69 9386
	Type or Print) Mr. Robert 16=	// (ROBERT L	OUIS ABELL	AND HOUR OF DEATH	1 1130
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE	Where deceased lived If in	stitution: residence before admission
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ION, GIVE STREET	Batting ne	MARYLAND	2713
18	1		Baltimon		DE CITY LIMITS?
4	FUNION MEMORIAL G	taspital	E. STREET AND NUMBE		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5501 Test	TIN AVE 550	01 Roland Av. 2121
1	SEX 6. RACE 7. MARRIED	NEVER MARRIED	By DATE OF BIRTH 190		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Pale White WIDOWED	DIVORCED	01/30/02	6/	Thomas Doy's Hours Iving
	OA. USUAL OCCUPATION (Give kind all work 10 B. KIND OF BI ane during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLA CE ISloto or	toreign countryl	12. CITIZEN OF WHAT COUNTRY?
	NEtined Lawyer		MARYIAN		U-S-A.
1	3. FATHER'S NAME ARUNAH SHEPHERDS ON	N ABELL	14. MOTHER'S MAIDEN	NAME ANNA SCH	LEY
	Mr. Drungh S. 06	e11	Mrs. AN	NA SCHI	EY
0	5. Was Deceosed Ever in U. S. Armed Forces? (es.no of unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT : Mr	. Edwin Abel.	ADDRESS 21212
	GINCOPED WWII	217-22-9710	Brother	200 GA	YWOOD Rd. Bolto.
	18. 15 7,9	CAUSE OF DEATH			4 00 0 0 MI - 4 7 0 4 - 1 0 0 0 1 - 1
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	sc somest	****************************
Ш	hearl failure, asthenia, etc. It means the disease, injury or complication which coused death.)	1 DUE 10, OR AS A	CONSEQUENCE OF		
H	ANTECEDENT CAUSES	Stani	istion, Em	aciation	
	DISEASES OR CONDITIONS, il ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF		
ı	rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	· CA	Of PANCAE	&s, gen Meta	est.
	11	(C)			
:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************			**************
	19A-DATE OF OPERATION 19B CONDITION FOR WHI WAS PERFORMED	ICH OPERATION	20A. AUTOPSY? IYes of	No. 208, IF YES, WERE F	INDINGS CONSIDERED
	21A. ACCIDENT WAS UNDERLYING 21B. PL.	ACC OF BUILDING			
	OR CONTRIBUTION OF THE	torm, toctory, street, offi	or about 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
1		JURY OCCURRED	000		
	OF INJURY (APPROX.)			INJURY OCCUR?	
	Work	☐ At Work			
ı.	22. I certify that (1) (this hospital) attended the		8/22	19 69 to 7/	20 1967
	that (1) (we) last sow the deceased alive an	9/20			lan death accurred on the date
Ш	and haur and from the causes seried above. (1) (1) 23A. SIGNATURE	Me) (dld) (dld nat) vi	ew the body after deat	h.	
Ш	H-: (1)'	Atten	ding Med.		23B. DATE SIGNED
	23 C. PHYSICIANS	DEGREE Phys.	Director L	Shaff Phys.	9/20/69
	NAME ITYCE	40		EMORIA!	2400-/-1
2	IA. BURIAL CREMATION, 248, DATE 24C, NAM	E of CEMETERY OF CREA			00 SP148/
	REMOVAL ISpecilyl				, towy, or county) Stotel
2	BURIAL 9/22/69 GE SA. DATE REC'D BY HEALTH DEPT. 25R. NAME OF B			altimore, Md	
1	DED 0 2 1050 P. C. A. E. Jaben	M.D.	STEWART &		W.North Av., City
V	150 Vec 1 100 8		1		271,010,

일 그의 중요하면 가니 요하 네트 50 2000 00 7 1 - a - 9 b 1 - 6 - a + 5 K Ple downer I die " Plee down Somers The University Park Age of The Company of the Compa transle on day 4 Control of the Control transport and not be a to 08/2 to 25/3

X 450 650 4.) IN THE RESIDENCE OF HELD - 1

V-520	69	9387		HEALTH DEPARTA		69	9387
BIRTH NO.			CERTIFICA	TE OF DEA	ATH X REG. NO.		0007
(Type or Print)	Young, E	sther		2. [DATE AND HOUR OF DEA		
3. PLACE IN BALTIMO			UNCED DEAD	14. USUAL RESIDEN	September 18t	1,1969	10:55 A
FULL NAME OF			JTION, GIVE STREET	Maryland	B. COUNT	a mamonen. re	5300
INSTITUTION	Saint Agne			C. CITY OR TOWN	D.	NSIDE CITY LI	_
1/0	Caton & Wi	lkens A	va_	Baltimore	IMBED	YES	NO DO
40		Trono W	21229		ters Avenue		
. SEX 6. R.	ACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	I If Under	1 Ys. , If Under 24 Hrs
Female	Negro	WIDOWED	DIVORCED	3-24-18	lost birthdoy)	If Under Months	Doys Hours Min.
OA. USUAL OCCUPAT	ION (Give kind of work Ig life, even if relired)	10B, KIND OF	BUSINESS OR INDUSTRY				EN OF WHAT COUNTE
Domesti	C	Pvt F	em ily	Catonsvil	lle, Marylan	d U	.S.A.
FATHER'S NAME	-			14. MOTHER'S MAIL			
Villiam A.	Jensen			Alice H	R. Williams		
. Was Deceased Ever es, no or unknown) (If y	in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
No	grow wor or dore	- 41 46141661	SECURITY NO.	Mr. Alexan	nder Young 1	24 Win	ters Ave
18. / / 그 /	1	in the second	None	1			4000 OVI 455
T DISEASE OF	CONDITION DIR	ECH V	S enough of Diam			6	APPROXIMATE INTERVAL
	ING TO DEATH	ECILI		CVA			
(This does not m	eon the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE I			
injury or complica	nio, etc. Il meons lian which caused	the disease,	DOE 10, OR AS 1	A CONSEQUENCE OF:			
	CEDENT CAUSES		1240+0+	ENSIVE L	HEART DISE	ASE	
	ONDITIONS, if		(B) 11 1 EK	IELOVIA I		1.00	
rise to the ob	ove cause (A)	ny, giving slaling the	DUE TO, OR AS	A CONSEQUENCE OF	1,041		
UNDERLYING CO	NDITION last.		(c) 2)5t	MITAL	PLV		
	11						
I IO THE DEATH BUT	NOT RELATED TO TH	E TERMINAL	CHRONIC SI	EVERE RHI	EUMKTOID F	PETHON	TIS
IDISEASE OR CONDI	TION GIVEN IN PART	1 (A).		***************************************			
19A-DATE OF OPE	WAS PERF	ORMED W	HICH OPERATION	20A. AUTOPSY? (Ye	IN CERTIFYING	E FINDINGS	CONSIDERED EATH?
21 A. ACCIDENT W	AS UNDERLYING	21R.	PLACE OF INJURY (e.g., in	or chart 21 C Wurzer			
21A. ACCIDENT W OR CONTRIBUTING DEATH (notify media	CAUSE OF	home	, form, foctory, street, off	ico bidg., INJURY OC	CUR? (If In Boltin	nore City, give	exact location)
OF INJURY	nth) (Doy) (Yeorl	1	INJURY OCCURRED		DID INJURY OCCUR?		
(APPROX.)		While					
22. I certify that	(1) (this hospital)	ottended the		C	1068 . 4	M . S	/9
that (I) (we) lost			Lost Week	Cu so 69		1. 1	196
		1 -		4	ond that in (my) (aur) a	piniandeath	accurred on the dat
23Ar SIGNATURE	The causes state	ed above. (!)	(We) (dld) (dld not) vi	ew the body after a	deoth.		
Winds	do n	. Dal	Atten	ding Med.	Staff [7]	23B, DATE	SIGNED
23C. PHYSICIAN'S	1	- 0.X	DEGREE Phys.	Director 3D. ADDRESS	Phys. L.	17//8	189
23C. PHYSICIAN'S NAME (Type)	- NO	+ CTS	11-	SD. ADDRESS	115 /1150	1	. + TD
WENIFEE	DO 100	16to)	DEGREE	26.40	NE) ME	1. CE	MIEK.
A. BURIAL CREMATIC REMOVAL (Specify	N, 24B, DATE		ME of CEMETERY of CREA		24D, LOCATION	City, town, os	countyl (Stote)
Burial	9-22-69	West	tern Star Co	emetery	Bal timore C	ountv.	Maryland
A. DATE REC'D BY H		SE NAME OF	REGISTRAR	2SC. FUNERAL DI		- 3 9	ADDRESS
CD 0 3 1060	Robert E. V	adden Mi	1 0	Herbert	E. Nutter 3	035 W.	North Ave
STOLEN TAKE				1 2 3 1 2			

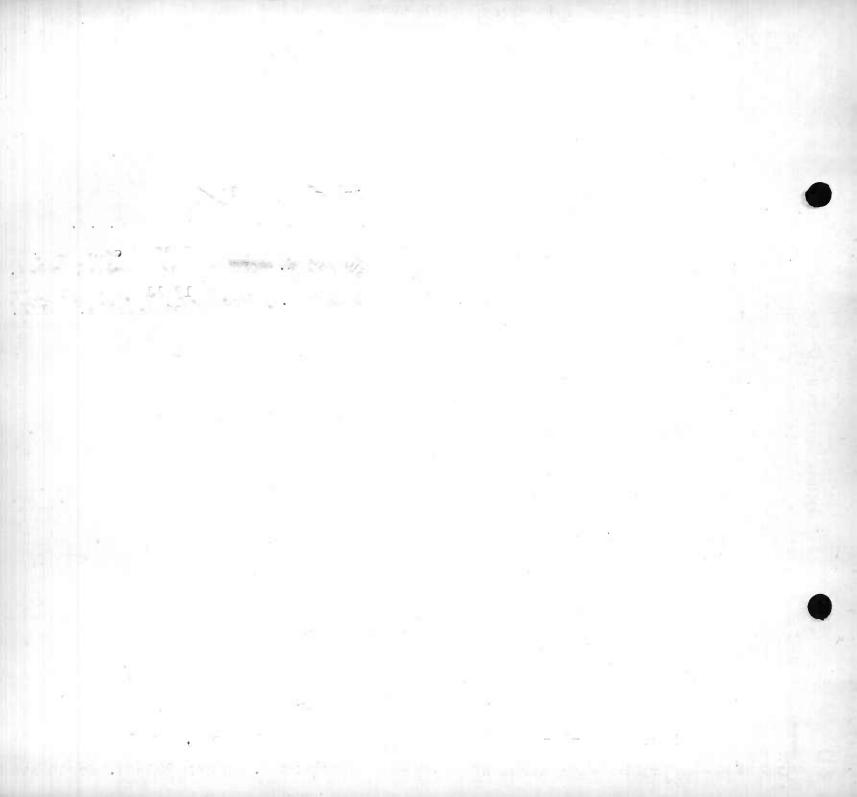
31-4-5

Brown Allers

IMPORTANT

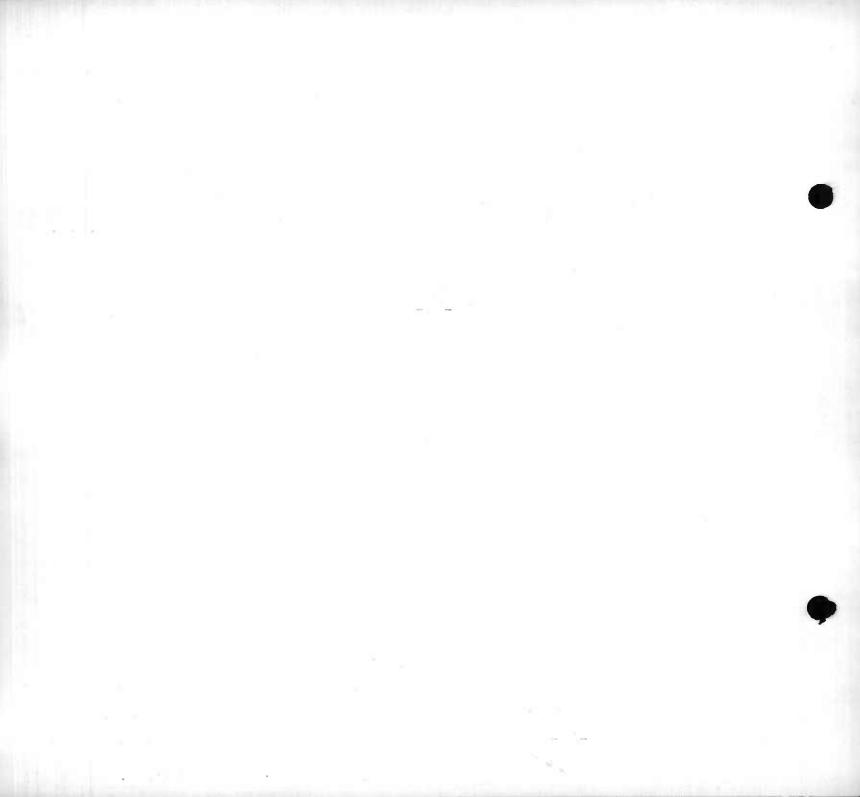
DIRECTOR:

FUNERAL



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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5-250	BALTIMORE CITY	HEALTH DEPARTMENT			
S-350 69 93	389 CERTIFICA	TE OF DEATH	REG. NO	69 9	389
BIRTH NO. 1. NAME OF DECEASED	GERTITICA				
(Type or Print) Sutton. Edna		2. DATE AN	20 69	. 1.25	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived If in-	stitution, posidorea hafara	PN
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)		A. SMIARYLANDOUN	" BALTIMO	RE CITY 84	13
INSTITUTION		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?	
The Johns Hopkins 1	tospital			YES NO	
33		1502 N KENW	OOD AVE		
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	If Under 1 Yr. If Under Months Doys Hours	r 24 Hrs.
	WED DIVORCED	4-13-92	lost birthdoy)	Months Doys Hours	Min.
10A. USUAL OCCUPATION (Give kind of work 108, KI) done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE Stote or forei	gn country)	12. CITIZEN OF WHAT	OUNTRY
DOMESTIC PV		NORTHUMBERLA VIRG	ND COUNTY	U.S.A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.		
WILLIAM TALIFARRO		ADDIE VEN	Ā		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of ser	1 6. SOCIAL	17. INFORMANT	-0-	ADDRESS	
NO	214-14-9808	MRS LAURA DO		COURTLAND AV	Æ
18.	CAUSE OF DEATH		NEW		YORK
DISEASE OR CONDITION DIRECTLY	CHOSE OF DEATE			APPROXIMATE IN	
LEADING TO DEATH		0	· Arrest	000	
This does not meen the mode of dying,	e.g., (A) IMMEDIATE CAU	SE Respirator	y Myresi		
hearl laiture, asthenio, etc. It means the dis injury or complication which caused death.	ease,	CONSEQUENCE OF:	/		
ANTECEDENT CAUSES	Q t	ala I			
DISEASES OR CONDITIONS, if any,	(B) Drain	STEM admage	,		
rise to the obove cause (A) stoling	the i I	0) _L		
UNDERLYING CONDITION last.	(c) Ceretro	rascular accid	ent		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING TO	ING ASCVD	@ Red	al Ca		
19A-DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No)	208. IF YES. WERE FI	NDINGS CONSIDERED	
9-11-69 WAS PERFORMED	Rectal Carcinom		IN CERTIFYING CAU	SES OF DEATH?	
U 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)	or obout 21 C. WHERE DID	(II In Boltimore	City, give exoci locotion)	
21D-TIME IMonth) (Doy) (Year) IHour	21E INJURY OCCURRED	21F. HOW DID INJU	NY OCCUM		
OF INJURY (APPROX.)	While AI Not While Work At Work		KI OCCOR		
22. I certify that (1) (this haspital) attend			61 to 9-	20 19	69
that (1) (we) last saw the deceased alive	on 9-20-	19 69 and the	t in (my) (our) opini	ion death occurred an i	
and have and from the causes stated above	re. (I) (We) (did) (did nat) vi				
23A. SIGNATURE	^		l	23B. DATE SIGNED	
Robert 1. Ann	le ma Atten		haff [7]	9/20/69	7
23C-PHYSICIAN'S	DEGREE Phys.	Director P BD. ADDRESS	hys. 🔼	1/20/01	
NAME (Type)					
	NOWDEN DEGREE	THE JOHNS F		SPITAL	
REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	A STATE OF THE STA			State)
	ARBUTUS MEMORI	AL PARK BAL	TIMORE COU	UNTY, MARYL	AND
	MESOF REDISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
SEP 23 1969 169618 5 49	1000	HERBERT E	NUTTER 30	35 W. NORTH	AVE
/S 150-REV. 1/1/68					A A V Aud



VS 150-REV. 1/1/68

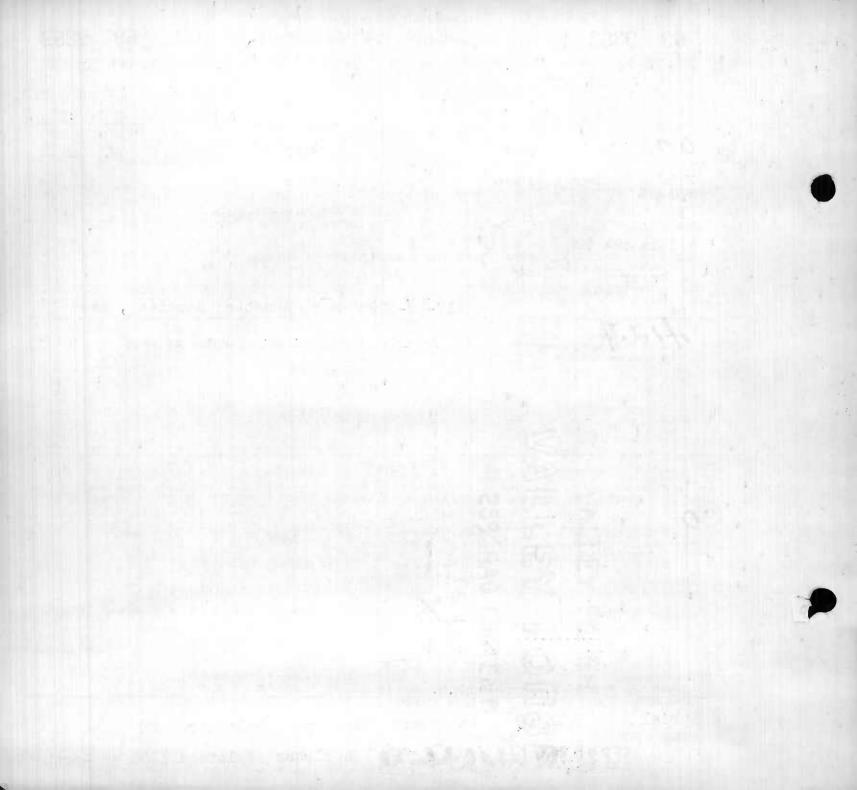
been to a Contract of the King of the State of State

H-400

69 9391 MEDICAL EXAMINER'S C	
. NAME OF DECEASED	2. DATE Knawn X Manth Day Year Haur
Type or Print) LEON HILL	OF DEATH Estimoted September 19, 1969 10:25 P M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD September 19, 1969 10:25 P M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
1 Sinai Hospital	A. STATE Maryland B. COUNTY /5 /2
5. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO NO
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthday) Months, Days, Hours, Min.	e. STREET AND NUMBER 2402 Keyworth Ave.
11. BIRTHPLACE (State or loreign cauntry) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	G3.0. H.33
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR'	Y 15. MOTHER'S MAIDEN NAME
ane during mast of working life, even il retired)	
Unemployed 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Ruth 18. INFORMANT ADDRESS
Yes, na ar unknawn) (II yes, give war ar dates of service) SECURITY NO.	
ne l	Mr Clifton Hill, same
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Gunshot wound of head
(This does not meon the mode of dying, e.g., DUETO, OR	AS A CONSEQUENCE OF:
heart lailure, asthenia, etc. It means the disease, Injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF.
Z UNDERLYING CONDITION LAST. (C)	000 8 V 0 V 000 8 8 8 8 8 8 8 8 8 8 8 8
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	AC DEDECAME
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
O Ctwoot	in or obout 22C. WHERE DID (If In Boltimore City, give exoct location) in Jury occur? In front of 3934 Park Heights Ave.
22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) 9-18-69 11:00 Pm WHILE AT AT V	WHILE Shot during altercation
23. I certify that I held an Inquiry Inspection Au	topsy \overline{X} and that on this basis, deoth in my apinion
resulted from: Natural causes Accident Suicident	de 🔲 Hamicide 🔀 Undetermined monner 🗌
00 () () 11 . 0	CHIEF MEDICAL EXAMINER
ACTUAL AND STATE	ASSISTANT MEDICAL EXAMINER XX
SIGNATURE M.E	ASSOCIATE MEDICAL EXAMINER 9-20-69
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINAER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn, or caunty) (State)
REMOVAL (Specify)	
Burial 9/25/69 Mt Aubur	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
SEP 23 1969 Robert E. Farbey M. D.	Adolphus Halstead 1206 W North Ave

Winds Converse to the state of the The second free de table pass in total . The second is a first total and the second in

BIR	69 TH NO.	9392	MED	ICAL	. EX	AMINER'S	CERTI	FICA	TE OF	DEA	TH REG. NO.	69	939	2
	NAME OF DEC	EASED					2. DAT	E Kn	own 🔲	Month	Doy	Yeor	Hour	
(Тур	e ar Print)	JOSEPH	H RICH				DEA1		timated 🔲					
4. 1	LACE IN BAL	TIMORE, MA	ARYLAND. W	HERE PI	RONOL	INCED DEAD	3. DATI	13		Month	Doy	Yeor	Hour	М.
FUL HOS	L NAME OF SPITAL INSTITUTION	(IF NO		LORINS		N, GIVE STREET	PRO	NOUNCE		Septe	ember 19,	1969	9:00	O Am.
			lison A				A. STAT	e Ma	arylan		B. COUNTY	11	402	3
6. 5	EX	7. RACE		8. MARE	RIED	NEVER MARRIED	C. CITY	OR TOW	N		D. INSIDE CI	ITY LIMITS?		
	Male	Ne	egro	WIDOV	VED 🗌	DIVORCED	В	altimo	ore		Y	ES 🗌	NO 🗌	
9. 0	ATE OF BIRTI		10. AGE (In lost birthdoy)		er I Yr. If Under 24 Hrs. s Doys Hours Min.	E. STRE	ET AND N	NUMBER					
-	SUPPLIED A SE /S		1	70?		1 1				Avenue	2			
11.	Baltin		Md			HAT SUNTRY	13. FAT	HER'S NA	ME		?			
	USUAL OCCU	orking life, ev		4B. KINI	OF BU	JSINESS OR INDUSTR	Y 15. MO	THER'S M.	AIDEN NA	ME	?			
16.	WAS DECEAS		U.S. ARMED	FORCE	5? [1	7. SOCIAL	18. INF	ORMANT			Al	DDRESS		
	, no or unknown					217-22-40	20	46	Ann	ette	Robert	•	same	
	no					CAUSE OF DEA		MS	Allil	eve	Model		PPROXIMATE IN	
	(This does n	LEADING TO of mean the osthenio, etc.	DITION DIRECT DEATH mode of dyl :. It means the ch coused dea	ng, e.g., diseose,			scle:			ovas c u	ılar Dise		WEEN ONSET A	NO DEATH
NOI	DISEASES O		ONS, IF ANY			(B)	AS A CO	NSEQUEN	CE OF:					
CERTIFICATION	TO THE DE	ATH BUT NO	NDITIONS CO TRELATED TO GIVEN IN PA	THE TERM	AINAL			~~~~~						
	20A. DATE OF	OPERATIO	N 20B. CON	DITION	FOR W	HICH OPERATION W.	AS PERF	DRMED				21. AUTO	OPSY? (Yes	or No)
MEDICAL	22A. EXTER UNDERLYING UTING ☐ CA		ITRIB-		22B. PL home,	ACE OF INJURY (e.g., form, foctory, street, offic	in or obc e bldg., et	ut 22C. W c.) INJURY	HERE DID OCCUR?	(If in Boltim	nore City, give exc	oct location)		
	OF INJURY (APPROX.)	(Month) (I	Doy) (Yeor) (Hou	1	E.INJURY OCCURRED IILE AT NOT ORK AT V	WHILE	22F. H	OW DID II	NJURY OC	CUR?			
		ify that I h		quiry [tap sy	-			s, death in my			
	resul	ted fram: N	latyral caus	ses X	Ace	cident _ Juicio	de 🔲	Hamicia	de 🔲	Undetern	nined manner			
	ACTUAL SIGNATI	URE /	wed	2/1	1/m	MIL). · ·			EXAMINE EXAMINE		0.4	DATE SIGI	NED
	EXAMIN	ER'S					A	SSOCIATE	MEDICAL	EXAMINER		9/	19/69	
	NAME (1	ype) Ron	ald N.	Korr	ıb1uı	m,M.D.								
RE/	Burial CRE	MATION, :	9/26,	169		NAME of CEMETERY Mt Auburn		atory netry		Balti		n, or county	y) (Sto	te)
25	. DATE REC'D	BY HEALTH	DEPT.	25B. N	NAME C	OF REGISTRAR			RAL DIREC			DDRESS		
		SEP	2 3 196	1 Pa	Bus	E. JaBen R.	1 1	dolp	hus	Hals	tead 12	06 W	nort	h AV



F-225

69 BIRTH NO.	9393 WED	ICAL E	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	69	939	3
NAME OF DECEA (Type or Print)	WILLIE .	J. FACY	SON	2. DATE OF DEATH	Known Estimoted	Month Septer	mber 21,	1969	Hour	м.
4. PLACE IN BALTIN FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU			UNCED DEAD		mber 21,		6:50	
Rear o	f 2300 Sinc	lair L	ane	A STATE	Maryland		B. COUNTY	(709	i
6. SEX 7. Male	RACE Negro	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN Baltimore		D. INSIDE CIT	F	NO []	
	n, Georgia	y) Mo	Under 1 Yr. If Under 24 Hrs. Inths Doys Hours Min. CITIZEN OF WHAT SOUN RY?	13. FATHER		acyso	ad			
done dulina bothe	TION (Give kind of work ing life, even if retired)	Cit	BUSINESS OR INDUSTRY	So	phie	ME				
	EVER IN U.S. ARMED		17. SOCIAL SECURITY NO.	IB. INFORM	Mar y	Facys		DRESS 1 e		
DISEASES OR RISE TO THE A UNDERLYING OTHER SIGNIFIC	CEDENT CAUSES CONDITIONS, IF ANY BOVE CAUSE (A) STAI CONDITION LAST. II CANT CONDITION S CO	ONTRIBUTING	(c)	AS A CONSE	QUENCE OF:					
DISEASE OR CO	NDITION GIVEN IN PA	ART 1 (A).	R WHICH OPERATION W	AS PERFORM	NED		**************************************	21. AUTOF	Yes	r No)
22A. EXTERNA UNDERLYING UTING CAUS		(Hour)		e bldg., etc.) I	22C. WHERE DID NJURY OCCUR? 22F. HOW DID IN			t locotion)	165	
	Charles	nquiry ses	Inspection Au Accident Suicio	topsy X de Ho	ond that on tomicide CHEF MEDICAL I	Undetermin EXAMINER EXAMINER	med manner	j	DATE SIGN	
24A. BURIAL CREMA' REMOVAL (Specify) Burial		169	Mt Aubur			LOCATION Balti			(Sto	te)
BUTIAL 25A. DATE REC'D BY	9/27, HEALTH DEPT. SEP 2 3 196	/69 25B. NAM		n Cem		OR	more M	DRESS	North	

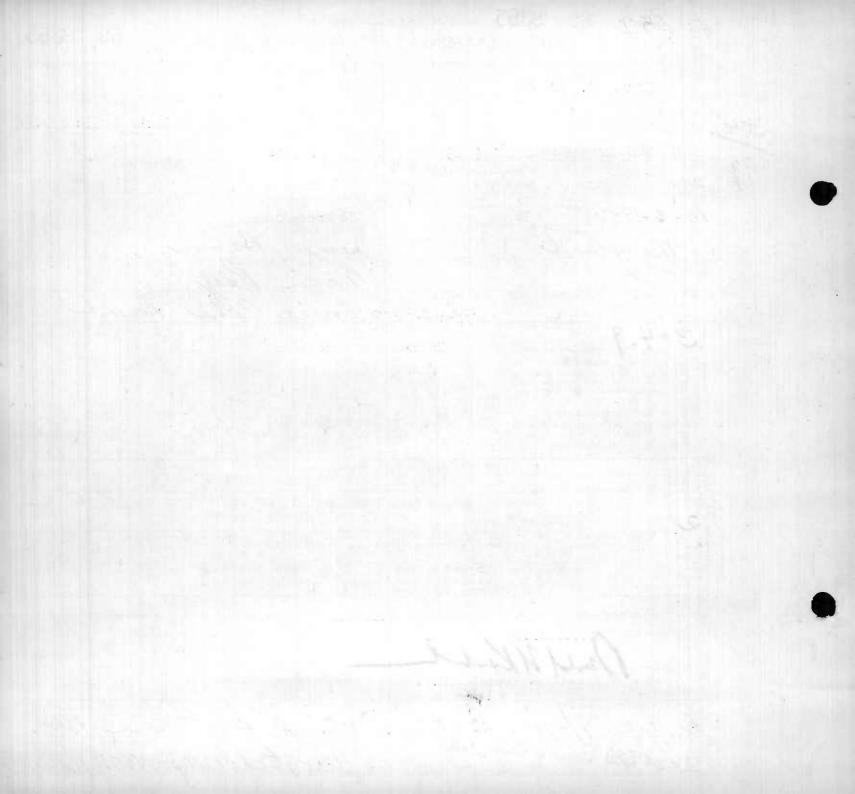
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VS 151-REV. 1/1/6B

smooth tuloown the sold teles there ?

VS 151-REV. 1/1/68

	heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)			
IFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B). DUE TO, OR AS A CONSEQUENCE OF: (C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
CEK	20A. DATE OF OPERATION 20B. CONDITION FOR WHICE	CH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) yes	
EDICA	228. PLACE OF INJURY (e.g., in or obout NUMBERLYING OR CONTRIB-UTING CAUSE OF DEATH.			
Σ	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.IN. OF INJURY (APPROX.) m. WHILE	AT NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR?		
	I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion rosulted from: Natural causas Accident Suicide Homicide Undetermined manner			
	ACTUAL SIGNATURE MUST MIKELE	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED	
	EXAMINER'S Ronald N. Kornblum		9/19/69	
	MOMAL (Specify) 924/69 B	action and National Brotime	on, or county) (State)	
25.	SEP 2 3 1969 John E 259 NOME ON	Mungles Shelligs	1727N Mousa	
S	151-REV. 1/1/6B	9-0-0-0-8-3-8		



IMPORTANT

FUNERAL DIRECTOR:





7-3521	BALTIMORE CITY HEALTH DEPARTMENT 69 9398 CERTIFICATE OF DEATH REG. NO. 69 9398	
Such the	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	_
hospital use of d (5) Dece lance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission and the company of the company	4 M.
a hos cause se; (5) andanc to de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	
urred in a ibuting caurined cause; lar attend d prior to ade.	Thiresety Hospital E. STREET AND NUMBER 31376 (Oliver St	_
ntr rm egge	5. SEX 6. RACE NEVER MARRIED NEVER MARRIED NEVER MARRIED Nov. 21, 1956 Nov. 21, 1956 Nov. 21, 1956 Nov. 21, 1956	Hrs.
or c ndet s in dec	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY AND WORK 13. EATHERS WAS A COUNTY 13. EATHERS WAS A COUNTY 13. EATHERS WAS A COUNTY 14. EATHERS WAS A COUNTY 14. EATHERS WAS A COUNTY 15. EATHERS WAS A COUNTY 16. EATHERS WAS AND WAS A COUNTY 16. EATHERS WAS A COUNTY 16. EATHERS WAS A COUNTY 16. EATHERS WAS A COUNTY 16. EATHE	TRY?
r if de irect (4) Ur was	Carroll Leanand Adams Sv. Shirlan Mana	
MPORTANI r his assistant Iso, if the di of any kind; unced death trendance on	15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	_
s as any ceed and are or f	18. CAUSE OF DEATH APPROXIMATE INTERV	<u> </u>
R: IMPOR	DISEASE OR CONDITION DIRECTLY	ATH
- 5400EE	LEADING TO DEATH (This does not more the mode of this are (A)IMMEDIATE CAUSE (A)IMMEDIATE CAUSE (A)IMMEDIATE CAUSE	
	(This does not meen the mode at dying, e.g., heart loiture, osthenio, etc. Il meens the disease, injury or camplication which caused death.)	10
xaminer caminer. A fractu		
xam xam xam xam xam xam xam xam	ANTECEDENT CAUSES (8)	
S = 000 = = 2	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. Output Out	2.
W w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
hie hody	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1995 CONDITION FOR WHICH OPERATION WAS PERFORMED 2004 AUTOPSY? (Yes of No.) 2015 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
y th ital ital No No	OR CONTRIBUTING CAUSE OF LEAST CAUSE OF LOCATION CONTRIBUTION CONTRIBU	
hosp nature ept v d (6)	21D-TIME (Monih) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work	
	22. I certify that (1) (this haspital) attended the deceased from Sealington, 20 19 69 . Sealing her 20 19 69	_
of an of an al (e. be old	that (1) (we) lost saw the deceased clive on 1/ 19 Sept. 20 19 69 and that In (my) (our) opinion death occurred on the d	
ust be a based to dent of cospital death) must be	and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death.	
3 0.3 5	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shoff C	_
This certificate muthe body was relesshows: (1) An accivas D.O.A. at a hadecessed prior to written approval	Director Diversity Phys. Director Phys.	196
was range An a Late prior	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	14
certification was vs. (1) An D.O.A. at ased prio	SITIH-WEN HUANG M. DEGREE University of Maryland Hoop, tal	梅
This certif the body shows: (1) was D.O deceased	REMOVAL (Specify) 24D LOCATION (City, town, or county) (Stole)	
This cert the body shows: (was D.O decease	25AY DATE REC'D BY HEALTH DEPT. 25E NAME OF RECIPITAR 25C. FUNERAL DIRECTOR ADDRESS	_
This the bashow was decement	SEP 23 1969 Cobes E. Tarsey M.D. 25C. FUNERAL DIRECTOR ADDRESS ADDRESS SEP 2 3 1969 Cobes E. Tarsey M.D. 25C. FUNERAL DIRECTOR 129 N. Cruston	CL
	VS 150-REV. 1/1/68	V





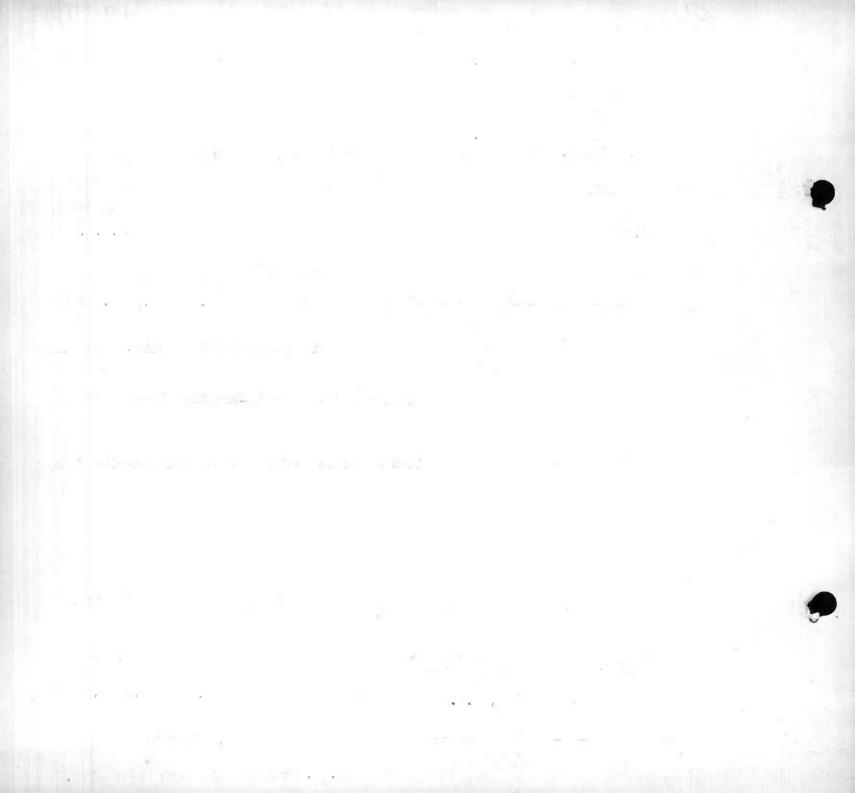
Chick Domestad Paul Landyshir Backerhad PA INTERIOR ETT OU IT SAMES LAUDICAL JAMES CALDUES MARY CAMPBOLL SOME MARIOUR CHOICE September 1 ON ON TO MARKET SECTION AND AND ALL RUNG EREPM D 2 10 21/P 64 4/13 12 1 hound Bother In D. MINNEY BSKEE M.D. THE WORK MEMORAL ROW. HILVERK IDS & JOH'S HOSTOKE HER

VS 150-REV. 1/176B

Charles Sansty. Lever read They are the war. and the second s Levelier of more Brown Brown willing REDERIC RI 2110

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VS 151-REV. 1/1/6B

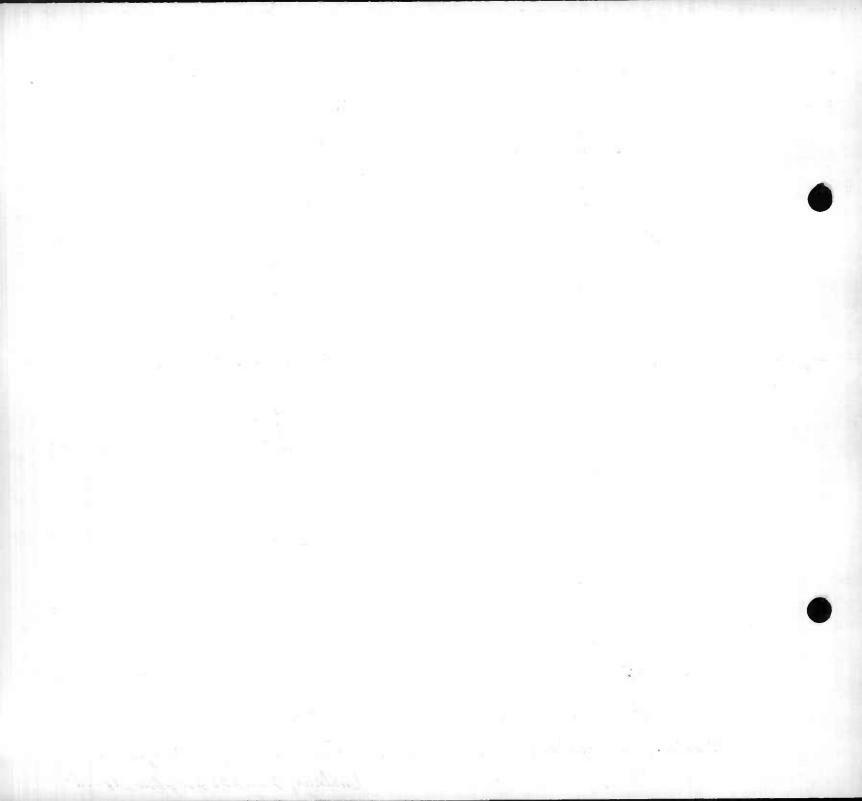


0-520 69		HEALTH DEPARTMENT	REG. NO.	69 9404					
	14U4 CERTIFICA	TE OF DEATH							
I.NAME OF DECEASED			NO HOUR OF DEATH						
TYPOWENS, LORETTA AND	·	SEPTE	MBER 18, 1	1969 1:20 A.M.					
3. PLACE IN BALTIMORE, MARYLAND, WI		A. STATE B. COU	ere deceased lived. If in: NTY	stitution; residence before admission)					
FUSITNAMENES HOSPIN HOSPINA	L OR INSTITUTION, GIVE STREET	MARYLAND	BALTIMORE	COUNTY 53-00					
HOSPITAL OR ADDRESS OR LOCA	TION)	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?					
WILKENS & CATON A	/ENUES	BALTIMORE		YES NO X					
10		E. STREET AND NUMBER							
BALTIMORE MARYLAND	21228	601 MAIDEN C	CHOICE LANE						
5. SEX 6. RACE	7- MARRIED NEVER MARRIED X	8. DATE OF SIRTH	9. AGE (in years last birthday)	Months Doys Hours Min.					
FEMALE WHITE	WIDOWED DIVORCED	01 12 81	88	Williams Doys Hours Williams					
10A, USUAL OCCUPATION (Give kind of work	108 KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or lore		12. CITIZEN OF WHAT COUNTRY?					
done during most of working life, even if retired)		WASHINGTON D	0.0.	USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA							
JAMES B. OWENS	DECID	(SHEA) ELLEN	1116						
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (III yes, give wor or dates		17. INFORMANT	RECORD'S BA	ALTIMORE MD 21229					
NO	218 52 113	ST AGNES H	HOSPITAL WI	ILIENS & CATON AVE					
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIR	ECTLY	RESPIRATO.	LY INSUFFIC	BETWEEN ONSET AND DEATH					
LEADING TO DEATH	(A)IMMEDIATE CAU	SE .		30442					
(This does not mean the mode of heart failure, astheria, etc. It means	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: LEFT PLEARAL EFFC SION NOT DETE								
injury as camplication which caused	NOT DETER								
ANTECEDENT CAUSES	100	NO NEUMOTO	HORAX	MINED					
DISEASES OR CONDITIONS, if a									
rise to the above cause (A) UNDERLYING CONDITION last.	rise to the above cause (A) stating the								
	/V/								
OTHER SIGNIFICANT CONDITIONS CON	ITPIRITING ARTE	RIOSCLEROTIC	CORDNARY	dir.					
TO THE DEATH BUT NOT RELATED TO TH	E TERMINAL			***************************************					
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH OF THE DEATH	NITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IP YES, WERE F	FINDINGS CONSIDERED					
WAS PERFO	DKMED	NO	IN CERTIFYING CAL	JSES OF DEATH?					
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, off	or obout 21 C. WHERE DID	(II In Bolttmore	e City, give exect location)					
▼ IDEATH (notify medical examined)	elc.)	ico sioga intocki occor.							
OF INJURY (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?						
E (APPROX.)	While At Not While	П							
	TYOIK - AT TYOIK								
22. I certify that (1) (this haspital)	attended the deceased fram S	PIEMBER 6,	.19 69 to SEF	2TEMBER 18,1969					
that 🐧 (we) last saw the deceased				nlan death accurred an the date					
and have and from the causes state	od abave. XIX(We) (dld) (XIX) (i)() vi	ew the bady after death.							
23A. SIGNATURE	1- 1			23B, DATE SIGNED					
petropay	OEGREE Phys	ding Med.	Staff Phys.						
23C. PHYSICIAN'S NAME (Type)	OL GREET	3D. ADDRESS	BALTI	MORE MD 21229					
MANNE LIPPET OULLS	PREIJANES	T AGNES HOSE		NS & CATON AVE.					
24A- BURIAL CREMATION, 24B, DATE	OEGREE OEGREE			ty, town, or county) (Stote)					
24A. SURIAL CREMATION, 24B. DATE (Specify)	60 D. L. 1. 0		7 118.						
Lunal 1/20/	1 Cathedral	al C	sallimore	/					
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R Slovenson	ADDRESS 2024					
SEP 23 1969 1464	E. Jaber M.D.	Mill	Houng	- machemos					

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<	2.2	51	00	0.405		BALTIMORE CITY	HEALTH	DEPARTMENT	1			20	
BID	TH NO.	01	69	9405)	CERTIFICA	TEC	F DEATH	X	REG. NO		59	9405
.N	AME OF DEC	EASED						12,		IR OF DEAT	н —		
Typ	pe or Print)	: Eeok	CE	STU	un.	DF		9-	19-	Co 21		17:	30 Du
3.	PLACE IN BAL	TIMORE, A	MARYLAND,	WHERE PRO	NOUNC	ED DEAD	4. USU	E B. CO	here deced	sed lived.	institution	residence	before admission)
Pd		TARK	AT CHINESE	TALECELET		CONTRACTOR	M	0	-		2	MOJ.	200
Ų,	PID L R	ADD	ss or co	CATIN	EN	DED"		OR TOWN	ROLLS		SIDE CITY	LIMITS?	0000
	Sou	0 +4	PAL	Truco	RE	9729/69		11111191	4		YES	-	10 🗆
H	3	CH	00.01	1 lon	0.70		E. STRE	ET AND NUMBER	,				
7	0	CeW	ora	CS.	IIIA	(32	of Fer	non	ERO	-{		
5. S	EX	6. RACE	^	7. MARRI	ED 🛚 t	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE	(In years	II Und	er 1 Yr.	Il Under 24 Hrs. Hous : Min.
1	M	u)	WIDOW		DIVORCED	5-1	- 64	7	0			
10A	. USUAL OCCI	UPATION (C	Sive kind of wo	1 1		SINESS OR INDUSTRY	11. BIRTH	IPLACE (Stole or !	oreign coun	ntry)	12. CI	TIZEN OF	WHAT COUNTRY?
	DaTI	ale	d	Gen	Ref	actories	()	P.C.				11	C
13.	FATHER'S NA	ME			-		14. MOT	HER'S MAIDEN N	IAME				_
	59	11111	tal S	STILL	RT		D	1774	9711	UDF			
5. \	Wos Deceased ,no or unknown)					SOCIAL	17. INFO	RMANT	17000			ADDRES	
1165	No or unknown)	III yes, gi	ve wor or do	les of servic	e)	SECURITY NO.	Mana	Ruth Stu	mar 2	25 Fam	dela		
_	18.					· CAUSE OF DEATH		reton 500	mpr)	2) 1611	IGGTA		
	1.5 6	F 00 CO	I NDITION D	NACCT! W		CAUSE OF DEATE	1						ONSET AND DEATH
	DISEAS	LEADING	TO DEATH	HRECTLY			(the	Time ale	. 0	(hora)	11771	alose	
Į	IThis does n	al meon	the made a	d dying, e.	·g.,	(A) IMMEDIATE CAU		UENCE OF:	year	unch	ne p	Lexex	7
	hearl failure, injury or com	asihenia, plicolian	elc. Il mean which cause	d death.)	se,		-				0	1	
ļ			ENT CAUSE			telio	reel	nigal (100	160	la the		
	DISEASES O	R COND	ITIONS. II	ດກາ. ຕຳນຳ	ne	DUE TO, OR AS	A CONSE	QUENCE OF:	C	- 1-00	asja		***********
	DISEASES OR CONDITIONS, il any, giving rise to the obove couse IA) stoling the UNDERLYING CONDITION last.												
	ONDERLING	CONDI	ION last.			(c)							***************
z	OTHERSIGNIF	CANTCOL	II		_								
	IO THE DEAT	H BUT NOT	RELATED TO	THE TERMINA	AL.								
ပ္	DISEASE OR CO	OPERATIO	N 198 CO	RT I (A).	R WHIC	CH OPERATION	20 A. A	UTOPSY? (Yes or	No) 208, 1	F YES, WERE	FINDING	CONSID	ERED
ERTIFIC	5		WAS PE	RFORMED					IN C	ERTIFYING C	AUSES OF	DEATH?	
U	21A. ACCIDEN OR CONTRIBU	TWAS U	NDERLYING		218. PLA	CE OF INJURY (e.g., in	or obout	21C, WHERE DID		(II In Boltime	ore City, gl	ve exoct lo	cotion)
3	DEATH (notify	medical ex	comined		nome, to	rm, foctory, street, of	ice bldg.,	INJURY OCCUR?					
ă١	21D. TIME	(Month)	(Doy) (Yeor)	Houd 2	IL INJ	URY OCCURRED		21F. HOW DID I	NIURY OC	CUP?			
E	OF INJURY (APPROX.)		•		While A	Not While	1		MOXI OC	, coki			
Į.		4			Work	At Work					2		
	22. I certify that (1) (this hospital) attended the deceased from G-19 to 9 19 0 9												
- 1	that (I) (we)				- 1		19.			y) (aur) op	inion dec	th occur	red on the date
	and hour and	from the	causes sta	ated above	(I) (W	s) (did) (did-not) v i	ew the l	oady after death	le .				
f	Z3A. SIGNATU		< a	0		2					23B. DA	TE SIGNED	o ,
	onai	celi	ceo e	· Veri	200	M DEGREE Phys.	ding _	Med. Director	Staff Phys.	3	19-	190	69
-	23C. PHYSICIAI	N'S	Ou. D	^	20		3D. ADDI	RESS					
	MANN	SEL	ewo	(0.1	ON	DUGON 4 X	50	COTH Patt	TIME	046	(-16)	47	HOSWITH
24A	BURIAL CREA	AATION,	24B. DATE	24C.	NAME	of CEMETERY OF CRE	MATORY		LOCATIO		ity, town,	or county)	(Stole)
	Burial	pecny	9/23/6	69 (Cedar	Hill Cem		I	Ritchi	e Hgwy	AA		Md
25A	DATE REC'D		H DEPT.	258, NAM	E OF RE	GISTRAR	25C. F	UNERAL DIRECTO	OR A		-1	A ADDI	RESS
	SEP 23	1969	16Bert	8. Jack	Sev A	i.D.	m	Bille	FH.	V27	HR	Lega	o are
/S 1	50-REV. 1/1/6	8		4			111	may !	4/1-	0/	1		4975

1	E-35	69	9406	1	HEALTH DEPARTMENT	X 250 No	69 9406		
ВІ	RTH NO.	. 00	UAUC	CERTIFICA	TE OF DEATH	REG. NO			
	NAME OF DE	CEASED			2. DATE A	ND HOUR OF DEATH			
	2 Volume Party	Etchberger,	Robert			9/21/60	1 0.0/1 1		
II.		TIMORE MARYLAND, V	HERE PRONO		N. 31A.L	1411	stitution: residence before admission)		
ZHZ	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?		
	40	St. Agnes Ho	spital		Baltimore E. STREET AND NUMBER	Blil	YES NO		
5.	SEX	6. RACE	7. MADDIED	VI strates to some [7]	B. DATE OF BIRTH	9. AGE (In years			
	Male	White	WIDOWED		11/13/12	lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
do	A. USUAL OCC	UPATION (Give kind of worl working life, even it retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign countryl	12. CITIZEN OF WHAT COUNTRY?		
		ired			Marilan	1	1150		
13.	FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	u. 0.17		
	Roy	Etchber	ger		Johanna	Guv			
15. (Ye	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
L	No			037-05-6445	Mary E. Eloh	berger 1823	3 Clark Blid		
	18. 16	2.11		CAUSE OF DEATH		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	SE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH		
	(A) IMMEDIATE CAUSE ASCVD, Cong. Heart Failure Oue To, OR AS A CONSEQUENCE OF:								
	injury ar can	heort (oilure, asthenia, etc. II means the disease, injury ar camplicalian which caused deoth.)							
		ANTECEDENT CAUSES		B	- aliea	01/10			
ll	DISEASES (R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		- fill		
	rise to the	cobove cause (A)	sloling the	CV.	areh	and			
	UNDERLING	CONDITION last,		(c)	and the	and the	(a med		
z	OTUED SIGNIE		ITOIDI ITO I O						
읃	TO THE DEAT	ICANT CONDITIONS COL	IE TERMINAL						
2	19A. DATE OF	ONDITION GIVEN IN PART		HICH OPERATION	120A. AUTORSY2 (Yes, or No	20P 48 VEC WERE S	NIDNI CO. CONTENTANTO		
CERTIFICATION	0	WAS PERF	ORMED		20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	ISES OF DEATH?		
MEDICAL C	OR CONTRIBL DEATH (notify	IT WAS UNDERLYING TING CAUSE OF medical examined	21B, home etc.)	PLACE OF INJURY (e.g., in b, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)		
1ED	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
	(APPROX.I		Work		□ !	-			
	22. I certify	that (I) (this hospital)	attended the	e deceased fram	ears.	19 = 10 S	At 2/ 1807		
	that (I) (we)	last saw the decease	d alive an_=	Sept-120	19-9 and th	at In(my) (aur) apin	ian death occurred an the date		
and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED									
									23C. PHYSICIA NAME (T
	NAME (T	Paris RF	3			04 001 -	e ml		
24A	BURIAL CRE	MATION, 248. DATE	24C, NA		3609 maint 240. Le	CATION (City,	Jown, or countyl (State)		
T.	Burial	9/23/0	9 men	downide 1	Sumetas De	nous ma	wland		
25A	DATE REC'D	NOCO O A C	25B NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	01	ADDRESS		
Vs.	150-REV. 1/1/6	969 Robert E	ASTONEO.	T. U.	(interiore Try	1328 Sulp	ben lp. Al.		



FUNERAL DIRECTOR: IMPORTANT

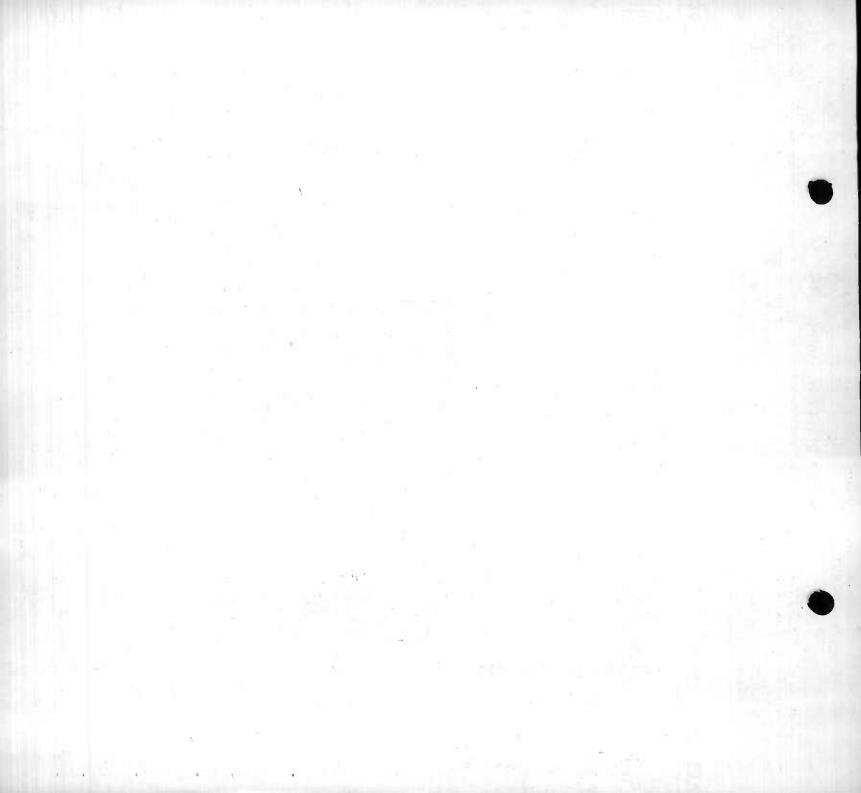
	DIKITI NO.	9407		TE OF DEATH	REG. NO	69 9407			
	(Type or Print)	SNER , (CHARLOTT		TO HOUR OF DEATH	7.17.04			
	3. PLACE IN BALTIMORE, MARYLA			1 000 1	o deceased lived. If in	3 · ST P·M			
	FULL NAME OF (IF NOT IN IN IN IN IN IN IN IN IN IN IN IN IN	HOSPITAL OR INSTITE	UTION, GIVE STREET	MDi	CARROLL	56-00			
	131NAI HOSPIT	TAL OF B	ALTIMORE	G. CITY OR TOWN SYKE	25 Ville D. INSI	YES NO NO NO			
	BALTIMORE,	M.D		E. STREET AND NUMBER BON 403 RT	#3 SYK	EVILLE			
DBEL SI	5. SEX Female White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.			
	10A. USUAL OCCUPATION (Givs kind done during most of working life, even it r	of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore)	gn country)	12. CITIZEN OF WHAT COUNTRY?			
Control	13. FATHER'S NAME		7.000	Ohio	LA F	U.S.A.			
2	Charles .				VA Keter	lead 1			
	15. Was Deceased Ever in U. S. Arm (Yes, no grunknown) (II yes, give war	ed Forces? or dotes of service)	SECURITY NO.	MRS GARTS ID		ADDRESS			
	18. / 2 9 9		CAUSE OF DEATH		, E	SAME APPROXIMATE INTERVAL			
	DISEASE OR CONDITION				BETWEEN ONSET AND DEATH				
	(This does not mean the monheart joilure, asthenia, etc. it	LEADING TO DEATH (This does not meon the mode of dying, e.g., heart loiture, asthenio, etc. il meons the disease,							
	injury at complication which c	injury or complication which caused death.)							
	DISEASES OR CONDITIONS	6 maryy							
	nise to the above cause UNDERLYING CONDITION to								
	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN I	TO THE TERMINAL	***************************************						
	19A. DATE OF OPERATION 19B.	CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yos or No)	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
	OR CONTRIBUTING CAUSE O	F 21 B, home	PLACE OF INJURY (e.g., in form, foctory, street, offi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(II In Baltimore	City, give exect location)			
	OF INJURY (APPROX)	2/2 2222	Not While	21F. HOW DID INJU	IRY OCCUR?				
		Work	VI AAGIK	9 10		-1C 4a			
	22. I certify that (i) (this hospital) attended the deceased fram 9-18 19 to 9-19 19 that (i) (we) last saw the deceased alive an 9-19-19-9 and that in (my) (our) opinion death accurred an the date								
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.								
	Brisia Vorg	mahark	H.) Atten		Stoff ID	9-19-65			
	23C. PHYSICIAN'S NAME (Type) PRASID	VONGSN	23	D. ADDRESS	HYS. L. A	- BAUTINERE			
2	24A. BURIAL CREMATION, 248. DAT	E 24C.NA	ME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City,	town, or county) (Stote)			
2	BUTIAL 9-2	22-69 LA	the View Ce		ykesville	md.			
	SEP 23 1969 Pale	BE Farber	ka.	HOLLY (1).	Gright d	Skeparlle MA.			
V	/S 150-REV. 1/1/68								

DIRECTOR:

FUNERAL



	M.100 CD	0.100	BALTIMORE CITY	HEALTH DEPARTMENT		00	0.400		
RID	1/-620 69	9409	CERTIFICA	TE OF DEATH	REG. NO	03	9403		
1, N	IAME OF DECEASED			2. DATE A	AND HOUR OF DEATH	1			
	pe or Print) Mary E. My	ers		Sep	tember 19.	69	M.		
3.	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (WI	ere deceased lived. Il i	institution: residence	before admission)		
	LL NAME OF (IF NOT IN HOSPI	TAL OR INSTITUTION	N. GIVE STREET	Maryland		8.	31		
HC IN:	STITUTION ADDRESS OR LOC	(NOITA		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?	21		
	44			Baltimore		YES Z	NO 🗌		
	44 Union Memori	al Hospita	l	E. STREET AND NUMBER 3501 Woodst	ock Avenue				
j. 5	SÉX 6. RACE	7. MARRIED N	IEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.		
	FW	WIDOWED	DIVORCED	10 15/196	72		1		
	. USUAL OCCUPATION (Give kind of wo		INESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	WHAT COUNTRY?		
	11 . 0			Baltimore, M	anuland	USA	4		
	TOUSEWLLE FATHER'S NAME			4. MOTHER'S MAIDEN N		usi	1		
	August And- 11			1					
	August Andrathy Was Deceased Ever in U. S. Armed Fo	2 17 4	SOCIAL	Annie Griff	ith	ADDRE			
Ye	s, no or unknown) (If yes, give wor or do	tes of service)	SECURITY NO.	4. 6 .					
	No		20-24-5693	Mr. Gordon	J. Myers 35	01 Woodsz	tock Ave		
	18. H 10.01	78	AUSE OF DEATH			APPRO	XIMATE INTERVAL		
	DISEASE OR CONDITION D	IDECTIV	J.	G. A. A	4 . /	2 - 1	2		
	LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean		MMEDIATE CAUS		wan occi	usian xe	Ly Mercels		
	heort foilure, osthenia, etc. Il meon	s the diseo	DUE TO, OR AS A	CONSEQUENCE OF:	l				
	injury or complication which cause	ANTECEDENT CAUSES ANTECEDENT CAUSES A PRETENTIAL CARRENA (F.D. GRALL							
	ANTECEDENT CAUSE	s 4 //	(E)		alorseus,	11.0	Ran-		
	DISEASES OR CONDITIONS, if rise to the obove couse (A)	any, givi	DUE TO, OR AS	CONSEQUENCE OF:		0			
	UNDERLYING CONDITION last.	slating in	(92)						
	11	34	×						
NO	OTHER SIGNIFICANT CONDITIONS CO		1						
ATH	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA				=				
FIC	19A. DATE OF OPERATION 198. CO	NDITION FOR WHICH	HOPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONST	DERED		
ERTIFIC	0	4.	•			TO SECULIAR			
Ū	OR CONTRIBUTING CAUSE OF	21 B. PLA	CE OF INJURY (e.g., in	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(tf in 8altimo	ore City, give exact l	ocation)		
AL	DEATH (notily medical examiner)	etc.)	,						
D	21 D. TIME (Month) (Doy) (Year	(Hour) 21E, INJ	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
ME	OF INJURY (APPROX.)	While A	Not While						
		Work	At Work	/A /S		110	6		
	22. I certify that (I) (this haspite			75	19 66 to Je	17/	19.07		
	that (I) (we) lost saw the deceas	sed olive on	June 10	19 07 ond	that in (my) (our) op	inion deoth occu	irred an the dote		
	and hour and fram the couses st	ated above. (1) (W	e) (did (dtd. nat) vi	ew the bady after death	•				
	23A. SIGNATURE	3A. SIGNATURE				23B. DATE SIGNED			
	William L- X	long	OEGREE Phys.	ding Med.	Staff Phys.	4-22	-69		
	23 C. PHYSICIAN'S		OFOREE	3D. ADDRESS	^		1		
	NAME (Type) William	L. Fearing		3025 /	plant Rs	The state of	760		
244	BURIAL CREMATION, 248. DATE	0	of CEMETERY of CRE	MATORY 24D.	LOCATION (C	City, town, or county	(Stote)		
	REMOVAL (Specily)	,	The second second						
	Burial 9/2	2/169 Oak	Lawn Ceme	tenu	ltimore, Mc	ingland			
25A	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF RE		FUNERAL DIRECTO			DRESS		
	SEP 23 1959 Vasen	C. Falley Mi	4	John A. Mai	ran, Inc. 300	O E. Balto.	Sto		
10	150. PEV 1/1/68								



FUNERAL DIRECTOR:

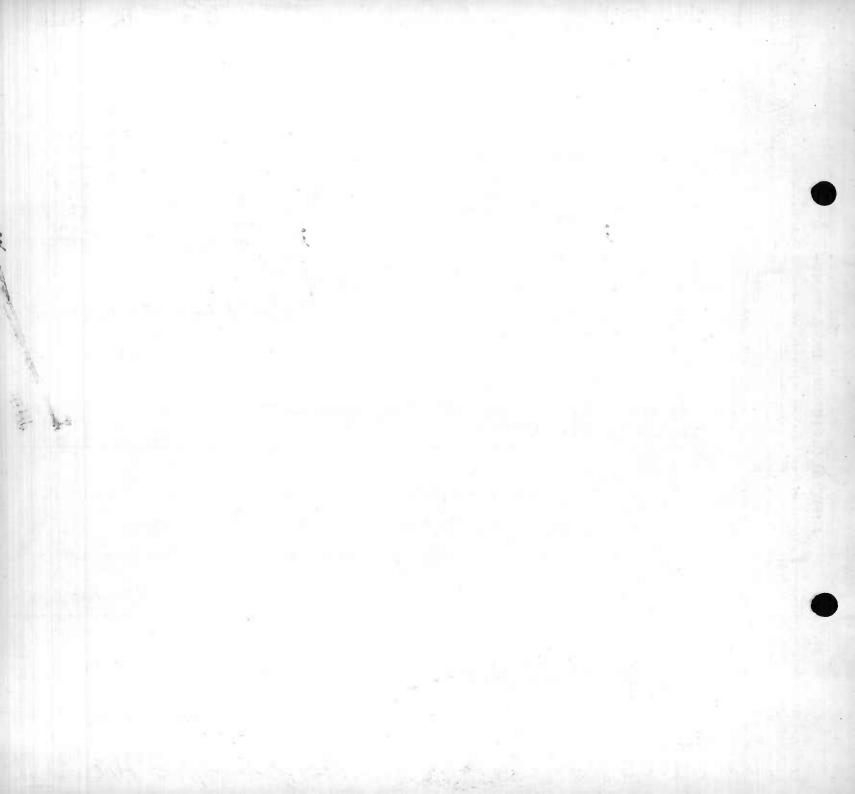
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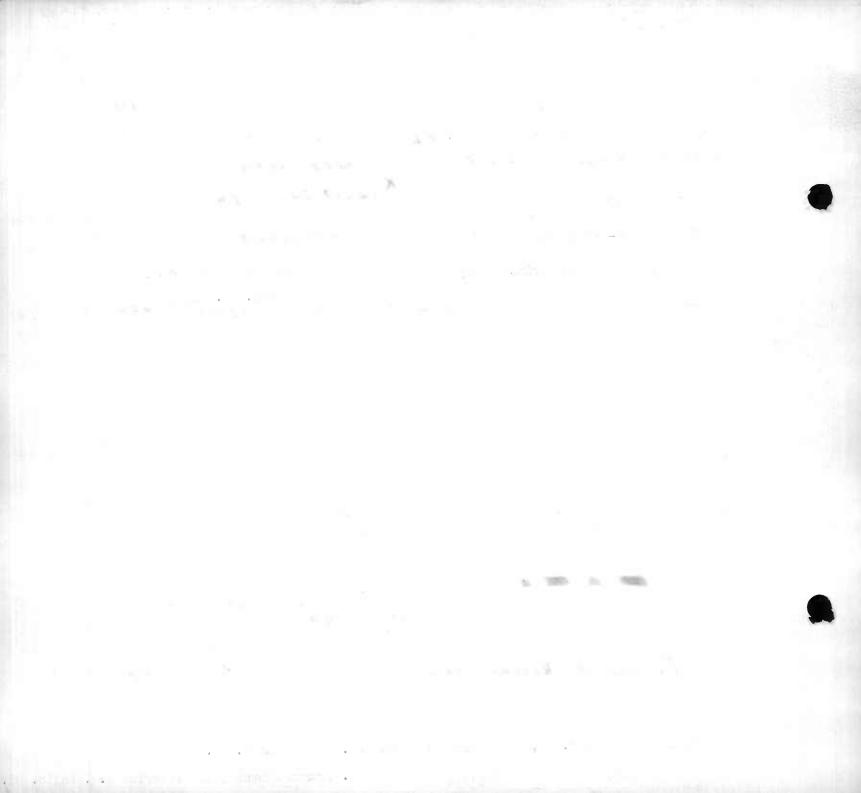
II Under 24 Hrs. Hours i Min.

(Stote)

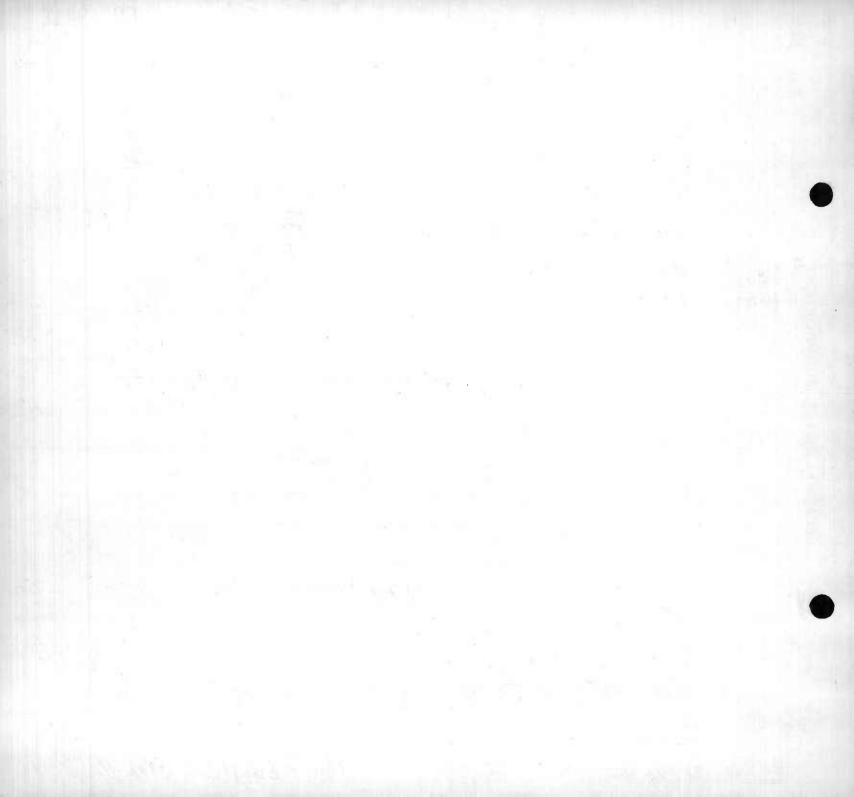


DIRECTOR:

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0	2/6	BALTIMORE CITY	HEALTH DEPARTMENT	1/	69 9449				
-	5-362 69 94	12 CERTIFICA	TE OF DEATH	REG. NO	00 0416				
	TH NO.	CLICITION							
	De or Print) KATHERIA	10 B 5	Tairs 2. DATE AN	D HOUR OF DEATH	9601 6 A				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	e deceased lived. If in	stitution: residence before admission				
1	LL NAME OF (IF NOT IN HOSPITAL OR IN	CTITUTION CIVE CIRCET	MI		5300				
HC	SPITAL OR ADDRESS OR LOCATION)	0.	C. CITY OR TOWN	Ballo. Co.	DE CITY LIMITS?				
	61/6 BeLAIR	Rd	SALTO		YES NO 🗵				
XC	0/11/01/1		E. STREET AND NUMBER	1	0				
1	GOULDS CONVAL ESAZIUM		8870	Victory	the				
5. 5	SEX 6. RACE 7. MARE	NEVER MARRIED		9. AGE (In yeo's	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.				
	7 WIDON	VED DIVORCED	OUT 21 1877	lost birthdoy)	Wollings Doy's Hools Willia				
	USUAL OCCUPATION (Give kind of work 10B, KIN	OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY				
don	e during most of working life even if retired)	AT Home	PENN	A	USA.				
13.	FATHER'S NAME	7.	14. MOTHER'S MAIDEN NAM	AE					
	Nosent Krige	2		In Koun					
15.	Was Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of serv		17. INFORMANT	PIN POPI	ADDRESS //				
(Ye		SECURITY NO.	slace (CV	0.01	9304 Fellenlalet				
	N D	CAUSE OF DEAT	H J	A	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY								
	LEADING TO DEATH	(A) IMMEDIATE CAL	se year	levy che	durion 78				
	(This does not meen the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF	-1;	A				
	injury ar camplication which coused death.)	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)							
	ANTECEDENT CAUSES	Coreoreore	GO WELL	istare	10 %				
	DISEASES OR CONDITIONS, if ony, gi	,9	A CONSEQUENCE OF:						
	rise to the obove cause (A) stoling UNDERLYING CONDITION lost.	(C)							
	1/0 8								
NO.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		XO						
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL	/ -						
ERTIFIC		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?				
ERT	0	Total Division of	1 1010 11110		4				
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical actimine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)		(If In Boltimor	e City, give exoct locotion)				
	21D. TIME (Month) (Doy) (Yeor) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	1				
ME	(APPROX.)	While At Work		1	10/1				
	22. I certify the (I) (this hospitol) oftended the deceased from 1958 to 1967.								
	that((1) we) last sow the deceased alive	12/2/	8 19 69 and the		nion death occurred on the day				
	that (1) (we) last sow the deceased alive on								
	23A. SIGNATURE	Control (Grant Hot) V	The body pries dealis		238. DATE SIGNED				
	Xarek	Dhu	nding Med.	Staff Phys.	9/21/19				
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	niys. —	1/1/1				
	NAME (Type) FRANK	Rosikola	9005 t	Tartoad	PS				
24/		C. NAME of CEMETERY OF CRI	MATORY 24D. LO	OCATION (C)	ty, tawn, or county) (Stote)				
1	1318 (A) Secify Set 20 1919	(Tall)		(Bal)	Md				
25/	A. DATE REC'D BY HEALTH DEPT. 238. NO	ME GERAGISTRAR	25C. FUNERAL DIRECTOR	DAN!	ADDRESS				
	1 2 2 1000 (Beef E. Vais	and the same	Charle	10 8	WAN 11 0 / 21				
1		1 1 11 11	CIAJ TELION	1) Y cline	102 MARVARD IL				



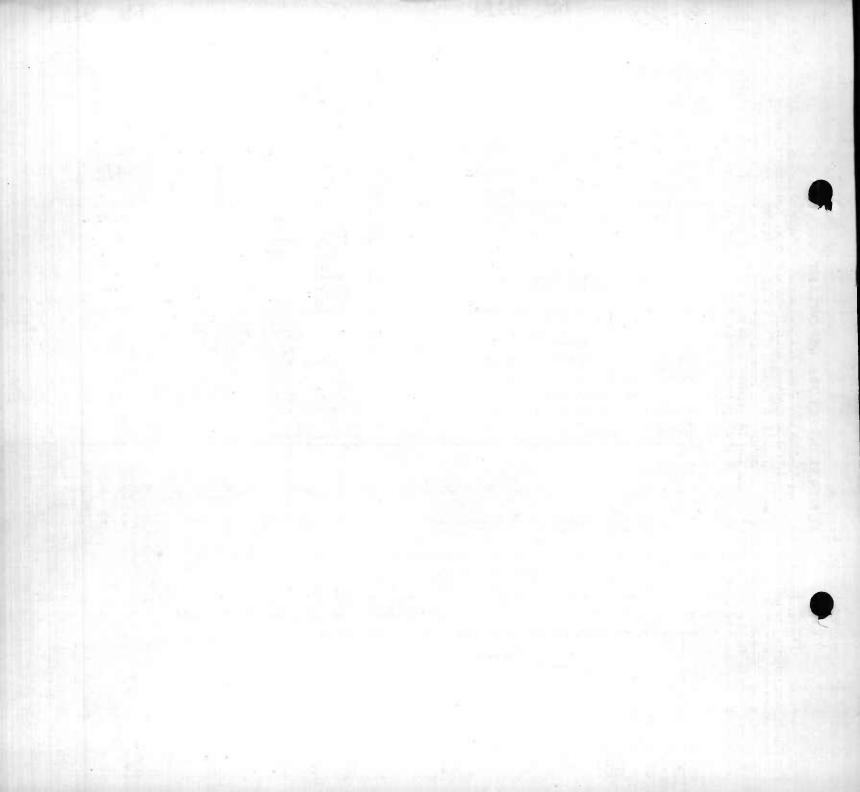
DIRECTOR:

FUNERAL



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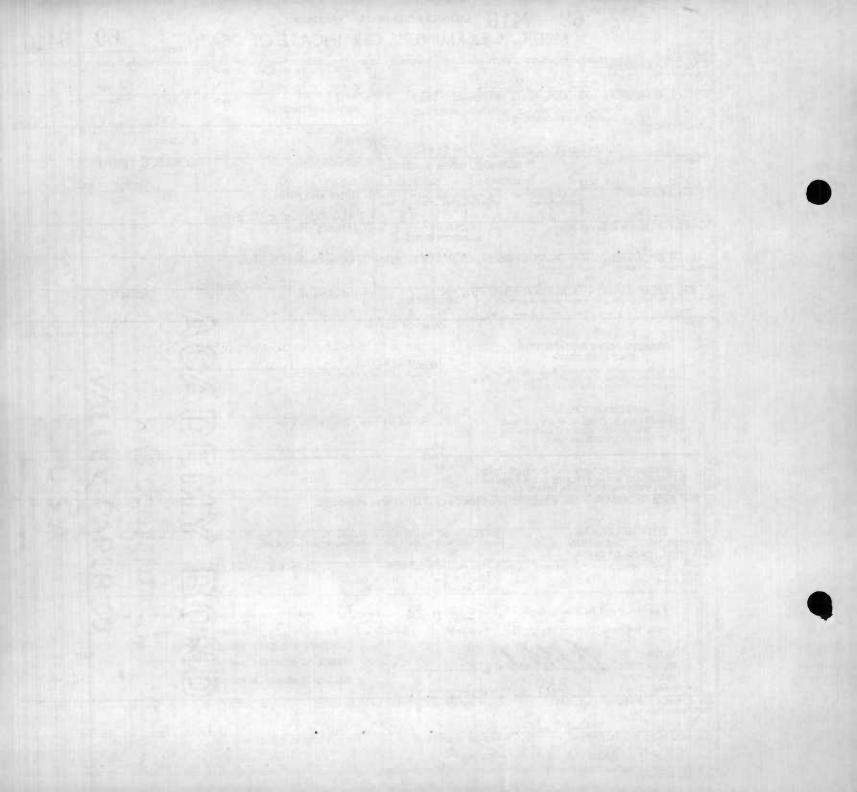
If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATH and that in (my) (aur) apinion death accurred on the date Lit. Auburn Cemetery Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Bailey Calhoun St. VS 150-REV. 1/1/68



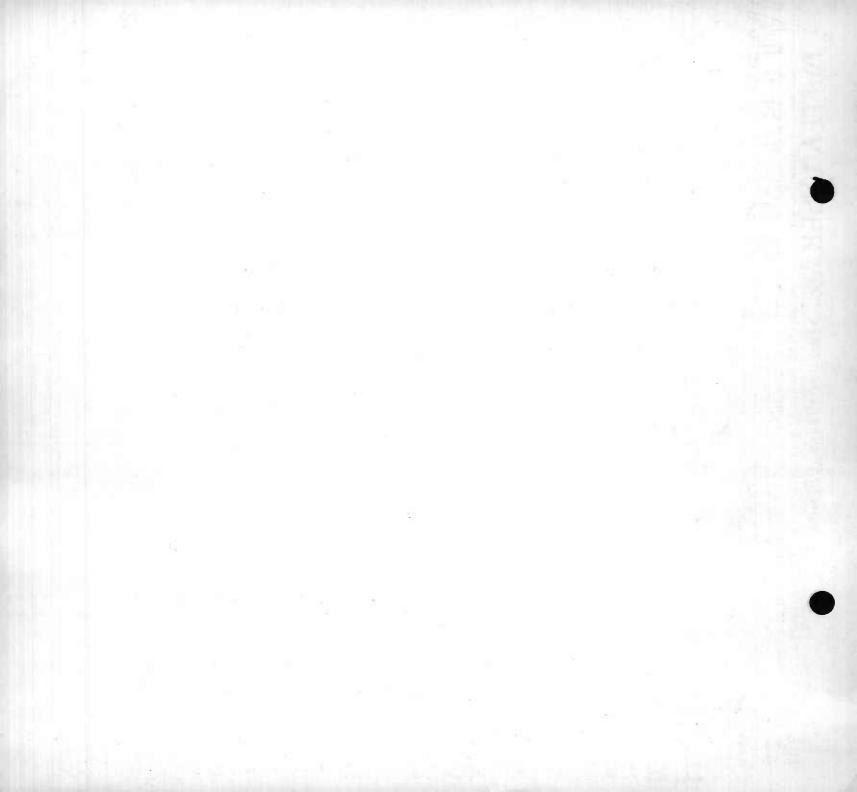
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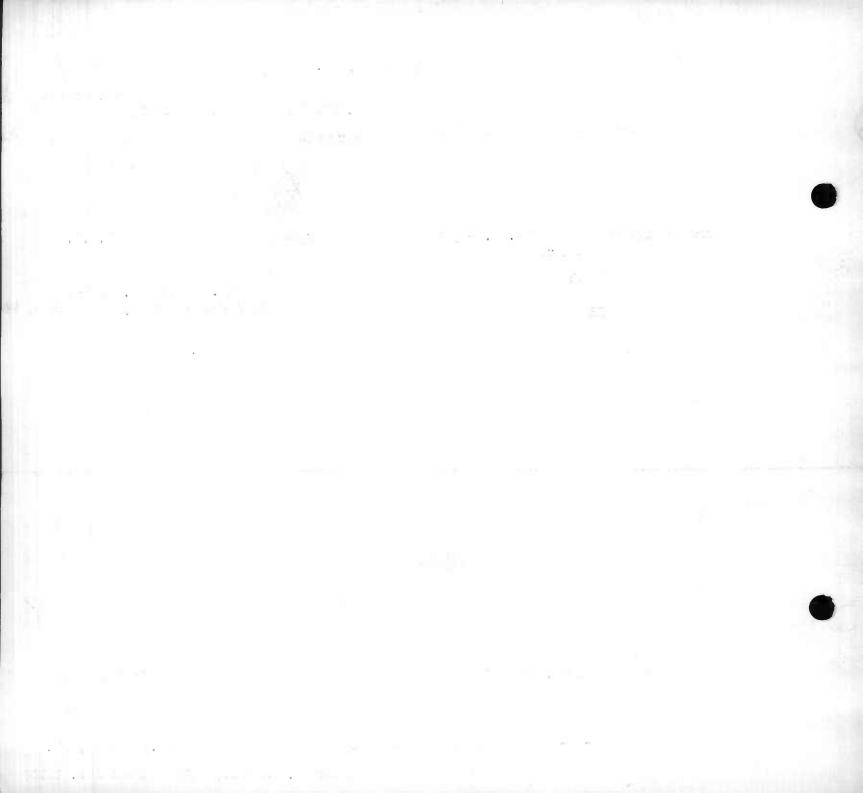
BALTIMORE CITY HEALTH DEPARTMENT



\parallel	A /// BALTIMORE CIT	Y HEALTH DEPARTMENT	0.110					
	BIRTH NO. 69 9418 CERTIFICA	ATE OF DEATH REG. NO. 69	9418					
-11	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
	Type of Print Dennis Martin Rloyen	G + 20 1969	I'ME P.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, if Institution: 16	esidence before admission)					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Manylan Washington	17/22					
	INSTITUTION A , ,	C. CITY OR TOWN D. INSIDE CITY LI	MITS?					
R	University of Manyland Hospital	Williams port YES &	NO					
	a niver siff of	E. STREET AND NUMBER						
	5. SEX 6. RACE 7. ALADRICO [] ALTUCA MARCHINE	16 V. Artizan T.						
	Male Canc. WIDOWED DIVORCED DI	7-7-49 Ides Distribution	Doys Hours Min.					
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		EN OF WHAT COUNTRY?					
	Student	Maryland	UB.					
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	•					
II	John R. Bloyer	TRIXIE Martin						
	5. Was Deceased Ever in U. S. Armed Forces? Yes,no or unknown) Of yes, give war or doles of service) SECURITY NO.	17. INFORMANT	ADDRESS					
I	Yes, no or unknown) Of yes, give war or doles of service) No 220-48-2309	Hosp Clinial Rocard Bri	e.J.					
1	18. / 9 / CAUSE OF DEAT	TH	APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY		ETWEEN ONSET AND DEATH					
	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CA! (DUE TO OP AS		4 mos.					
$\ $	heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: AS Trocytera.							
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:							
I	HADEN VINC CONDITION IN							
I	ONDERENING CONDITION last. (C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSYZ (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
	CONSIDERED							
	U 21A. ACCIDENT WAS UNDERLYING	In or about 21 C. WHERE DID.						
ŀ		In or about 21 G WHERE DID Iffice bldg, INJURY OCCUR? (If in Bolilmore City, give	exact tocolian)					
	2 21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	(APPROX) While At [Not While	1						
			-					
I	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased allow on S. C	196/ 10 September						
	ond that in (my) (aur) opinion deoth occurred on the date							
	and hour and from the causes stoted above. (1) (We) (did) (did not) view the body after death.							
	All Alle		70 1010					
	23C-PHYSICIANS NAME (Type)	anding Med. Director Phys.	. 20, 1967					
	NAME (type)							
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or	county) (State)					
	REMOVAL (Specify)							
2	Sept. 23-49 Greenlawn Cer	Williamsport Washin	gton Co. Md.					
	SEP 24 1969 Pale & Jaber M. E.	Albert L. Leaf Williamsport,						
۱۴	S 150-REV, 1/1/68	Total Harrison of						

Havenstyns Margiant Harpotal Williams of 116 V Patiens VE Male Conc. Maryland Will - Market John R. Bloyen Martin Hisp charles I Pared Been the com Mayority - mor - 10 12-107-1224 of splite 20 of the so tong Const Chebe. In C C 44 30 189

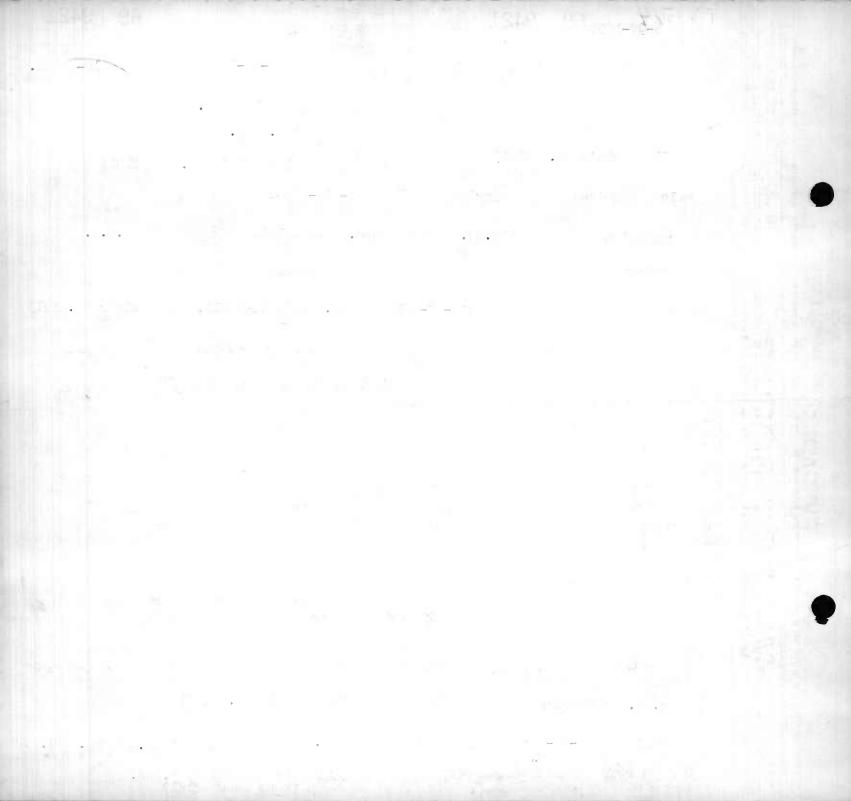
	97 = 941() 00 0840	Y HEALTH DEPARTMENT	69 9440				
11-	ORTH NO.	ATE OF DEATH X REG. NO	00 0419				
0	Type or Print) Kelley William 1	, SR. 9/74/69	1 11 A				
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wifere Deceased lived, Il institut	ion: residence before admission)				
	CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xx 5200				
4/8	Mariland Cent Hora		NO D				
5	SEX / G. BACF . IZ MACHINE	1927 Gorden	Dr.				
	WIDOWED DIVORCED	3//7//	Under 1 Yr. If Under 24 His.				
d d	DA. USUAL OCCUPATION (Give kind of work 10 & KIND OF BUSINESS OR INDUSTRY one during most of working life, even il retired)	11. BIRTHPLACE (Slote or foreign country) 12	CITIZEN OF WHAT COUNTRY?				
	Truck Driver Jos. M. Dignan	Maryland	U.S.A.				
11:	Andrew Andrew	14. MOTHER'S MAIDEN NAME	0,0,				
14	Wes Deceased Ever in U. S. Armed Forces? 1/6. SOCIAL		Govern				
CY	es, no openknown) (If yes, give wor or dotes of service)	17. INFORMANT Mrs. Algerie	R. ARPISTey				
	W W 11		ve, GlenBurnie, M				
	DISEASE OR CONDITION DIRECTLY	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	1405					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or camplicolion which coused deoth.)						
	ANTECEDENT CAUSES (B) Chronic bustines (or long)						
	DISEASES OR CONDITIONS, if any, giving ise to the above couse IA) stoling the						
	UNDERLYING CONDITION last. (C)						
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	= 14	••••				
ERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?				
١١٥	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or obout 2/C, WHERE DID (II In Baltimore City,	, give exoct locotion)				
CAL	DEATH Inotity medical examined	mee plogs MIDK OCCOKS					
MEDI	OF INJURY	21F. HOW DID INJURY OCCUR?					
^	(APPROX.) While At Work Not While At Work	• 🗆 📗	,				
	22. 1 certify that (1) (this hospital) attended the deceased fram. 9/18 19 6/14 9/20 19.67						
	that (1) (we) last saw the deceased alive an 9/20 19 69 and that In(my) (our) aplman death occurred an the date						
	and haur and fram the causes stated abave (1) (We) (did) (did nat) view the bady after death.						
	23A. SIGNATURE		DATE SIGNED				
	TOIN VA TATION PROPER Physics		120/69				
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS						
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 1240 LOCATION (City, tow	(n, or county) (Stote)				
11	Dundad and a contract						
11-	A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	etery Washington Blvd.,	Dorsey, Md.				
15	FD 24 1969 Robert E. Palley M.R. W. C.	Howard H. Hubbard, 4107 Wil					
VS	150-REV _o 1/1/68						



FUNERAL DIRECTOR:



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KTH NO. 50	ECX0067068	JAGI	CERTIFICA	TE OF DEATH	Registered No.	00 0102
LE CASE NO.	CEASED			2. DATE A	ND HOUR OF DEATH	
the or Print)		and Camel			20-1969	10- A
PLACE OF DE	Elwood Raymo	nd Campi	bell			itution: residence before odmis
TACE OF DE	in in the investigation	- KILAITO		A. STATE B. COU		Control of the second of the s
FULL NAME	OF (If not in hospital	or institution,	give street	31.00 Be	lair Rd.	841
HOSPITAL OR	oddress or location	on)			outside city limits, write RU	RAL and give township)
				Balto.	Md.	
				D. STREET ADDRESS	f rurol, give location)	
310	9 Belair Rd.	21213		27.00	Belair Rd.	21213
SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24
	3.21.		D. DIVORCED (specify)	5- 30- 1900		Months Doys Hours M
male	white		ried	11. BIRTHPLACE (Stote or fo	69	No CITITIN OF
	f working life, even if retired)	IND OF	BOSINESS OK INDOSIKI	II. BIKIMPLACE (Stote of to	reign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto-	CO. School Bos	rd. Pennsylvi	a	U.S.A.
FATHER'S NA	odian	DAT 00 .	30, 50,,002 300	14. MOTHER'S MAIDEN N		
	mown			unknown		
Wos Decease	d Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			219-05-0711	Mno Monie C	amphell 3100	Belair Rd. 2121
18. / A	0 0		CAUSE O		ampoerr, Jroy	INTERVAL BETWEEN
41	7	ar ant i	CAUSE O	()		ONSET AND DEATH
DISEA	ASE OF CONDITION DE			Monage A	celusia	11100.
(This does	not meen the mode of		DUE TO	bronay o		
heort foilure	, osthenio, etc. It meon	s the diseose,	000.10			
injury or co	injury or complication which coused death.)			teno relevi	The CVD	10 year
	ANTECEDENT CAUSE	S	(B)			
DISEASES	OR CONDITIONS, if	ony, giving				
rise to the obove couse (A) stoting the (C)						
UNDERLYING CONDITION lost.						
					1 1000	
	DEATH BUT NOT REL					_
DISEASE OF	R CONDITION CAUSING	IT.				
19A.DATE C		NDITION FOR '	WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
0						-
OR CONTRI	ENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., i	fice bldg, INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notif	fy medical examiner -			Siogi, itt Okt Occok:		
21 D. TIME	(Month) (Doy) (Year	(Hour) 215	INJURY OCCURRED	21 F. HOW DID IN	HURY OCCUP?	
OF INJURY			ile At Not Whil			
(APPROX)	*	Wo	rk At Work			
22. I certify that (1) (this hospital) attended the deceased fram about 1959 to 9-20 1969						
that (1) (we) last saw the deceased alive on 9-19 1969 and that in (my) (aur) apinion death occurred on the date						
						on death occurred on the
and hour a	nd from the causes sta	oted above. (l) (We) (did) (did not) v	riew the body after death		
23A. SIGNAT	URE					23B. DATE SIGNED
1	Mother M	porce	- Mawn.D. Atte	s. Med. Director	Stoff Phy s.	9-20-69
23 C. PHYSICI	ANS			23D. ADDRESS	-7	
NAME	(Type)				Rd. 21213	
Dr.		5	M.D.	3105 Belair	1100. 2121)	
REMOVAL	EMATION, 248. DATE	24C. N.	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City	, town, or county) (Sto
		60 0	andens of Foi	th Cem	WAVAVVVVVV	V Palto Md
Buri	al 9-23-		ardens of Fai	25C. FUNERAL DIRECTO		X. Balto. Md.
OFD C	4 1000 Q A	8 3 A	A & A			
SEP Z	# 1303 (Malling #	er danse	18	Schimunek l	uneral Home, I	nc.
150-REV. 1/1	/65		Some to the	JJJ Brehms	Lane 21213	



FUNERAL DIRECTOR:

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na. (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? above INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 605 AU 205EP 10 69 ond that in(my) (our) opinion death occurred on the date 238, DATE SIGNED (City, town, Baltimore, Md. ADDRESS Inc.

William Red Description of the Company of the Compa 13 × 100,00 UNION MEMORIAL HOLLIAM 613 Foxerott Drive bearen M White new mound Septia MET Hebes Stidle M Maryland USA Melvin R. Jenkins Marian Buchacz U. N. PESP & Cerdioc anser duming the maker to 16 445 Prematarity B) 605 AM 2012" 69 205EP John P. Pacamersteis N 20569 68 DA PPacanowski Union Memorial Hospital Mil

69 9424 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. BIRTH NO I. NAME OF DECEASED Known X 2. DATE Manth (Type or Print) FRANK Year OF Estimated
September 20, 1969 SUDBRINK DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Manth Day Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET September 20, 1969 7:32 A. ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Johns Hopkins Hospital (DOA) Maryland 7. RACE 6. SEX C. CITY OR TOWN B. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS Male White Baltimore WIDOWED [DIVORCED YES NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months, Doys, Hours, Min. 1509 N. Luzerne Ave. 10-23-1888 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Baltimore Frank Sudbrink 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during mast of working life, even if retired) Retired Fireman Fannie 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)((If yes, give war ar dotes af service) SOCIAL SECURITY NO. IB. INFORMANT ADDRESS 217-20-1137 Frences E. Sudbrink, 1509 N. Luzerne Ave. CAUSE OF DEATH APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH Arteriosclerotic DISEASE OR CONDITION DIRECTLY LEADING TO DEATH cardiovascular disease (A) IMMEDIATE CAUSE (This does not meon the made of dylng, e.g., heart failure, osthenia, etc. It meons the disease, injury ar complication which coused deoth.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES (B)______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or Na) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in ar obout 22C. WHERE DID (If in Baltimore City, give exoct location) home, form, factory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Manth) (Doy) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK 23. I certify that I held an Inquiry Inspection X and that an this basis, death in my apinian Autopsy resulted fram: Natural causes X Accident Hamicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE 9-20-69 ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial

VS 151-REV. 1/1/6B

25 A. DATE REC'D BY HEALTH DEPT.

9-23-69

Woodlawn

250 NAME OF REGISTRAR

3331 Brehms Lane

Schimunek Funeral Home

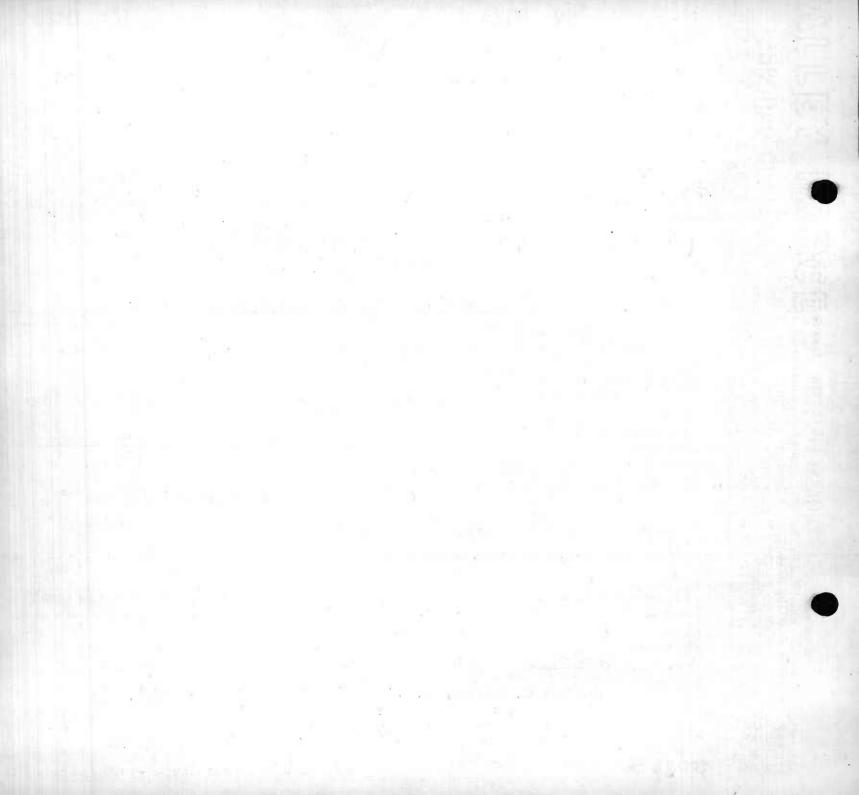
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Md.

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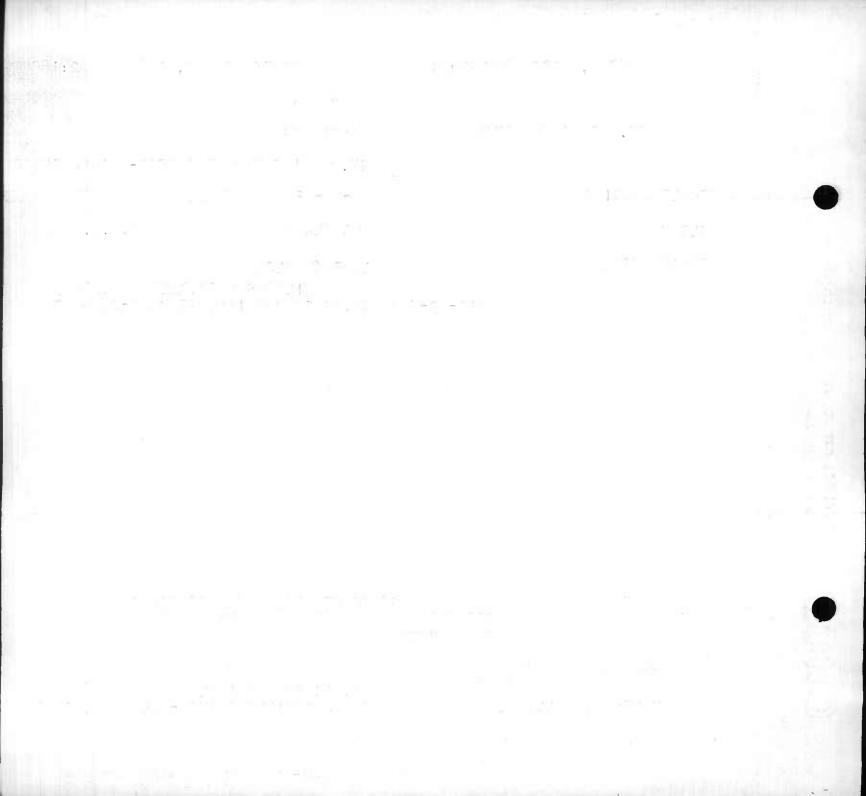
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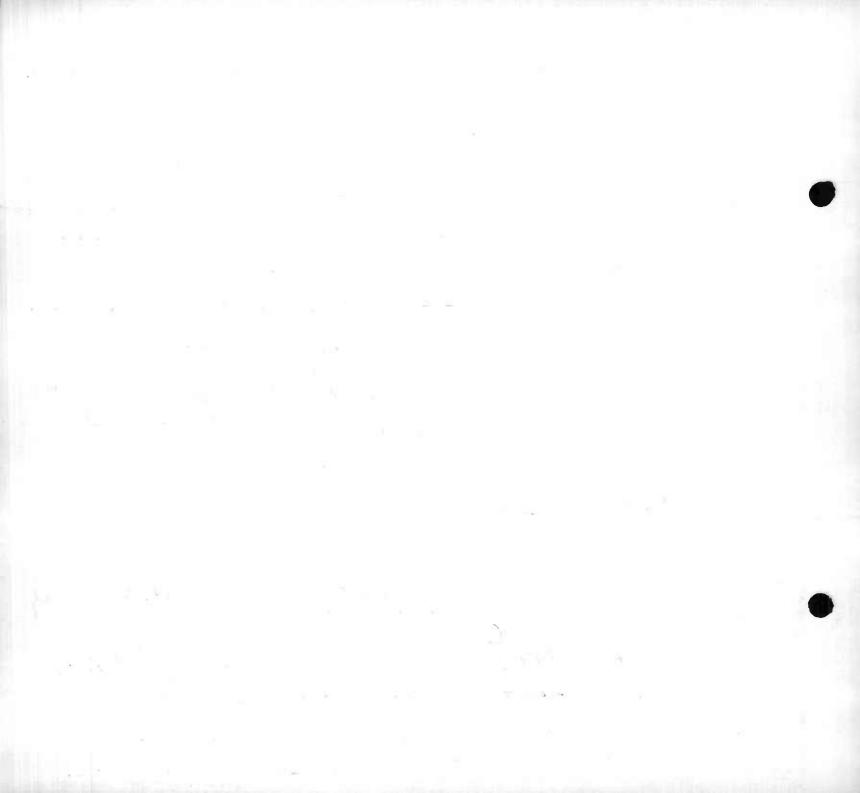
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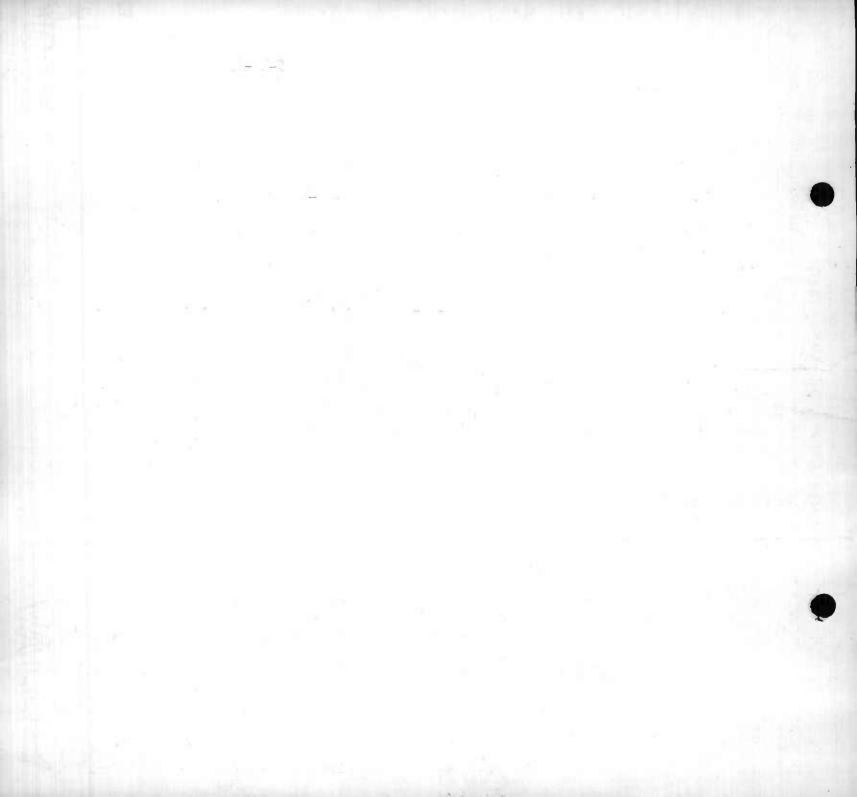
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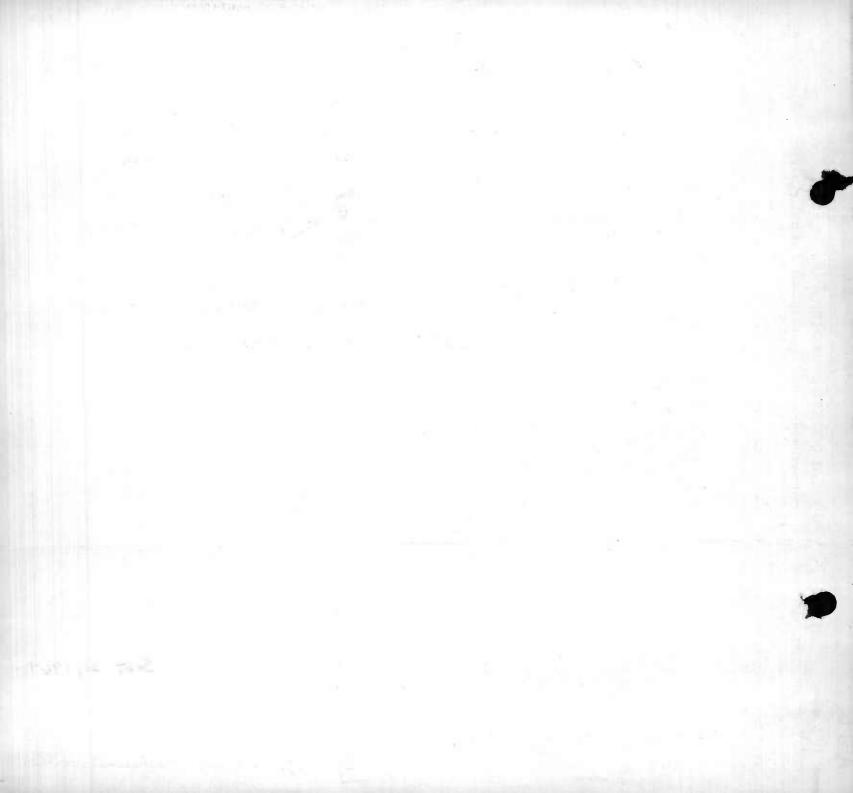


	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such vritten approval must be obtained before the remains are embalmed or final disposition is made.
•	contributer contri
N.	direct or direct or direct or direct or direct or direct dire direct direct direct direct dir
FUNERAL DIRECTOR: IMPORTANT	o, if the fany kind need dea
OR: IN	niner or liner. Als racture o pronou gular att
DIRECT	fical examins; (3) A fician who as in regions are
JNERAL	chiefmecy a medi Body bur the phys ysician w
FL	d by the ospital by sture; (2) of where (6) No phened befor
	e approve of any no fal (excepts); and be obtain
	release accident ta hospit or to deal
	certifical body was vs: (1) An D.O.A. al assed pric
	his hov hov ras lece

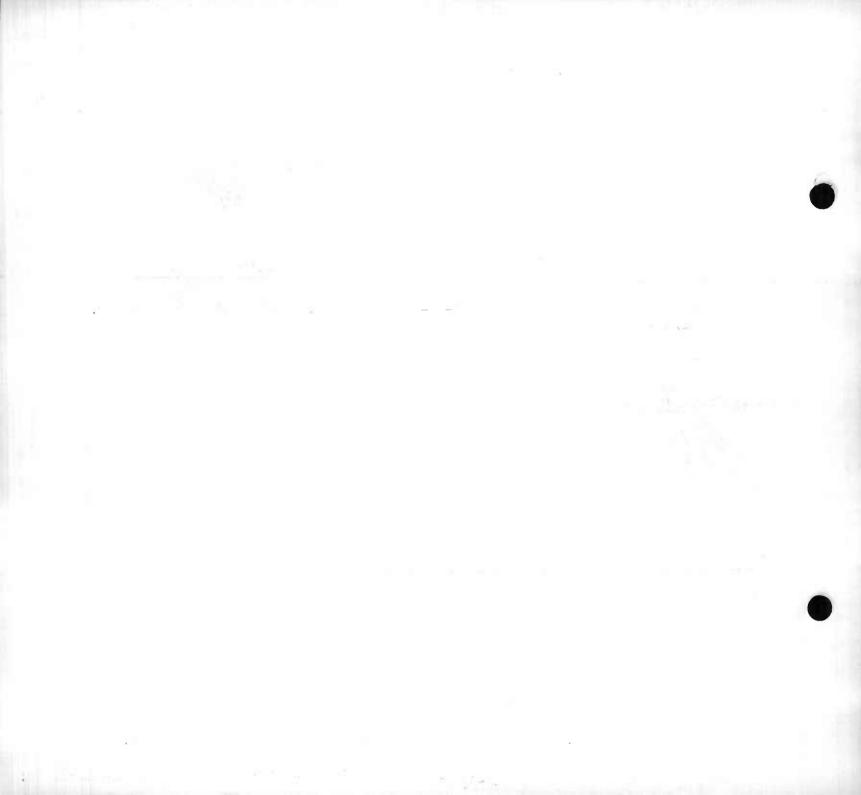
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BIRTH		69	9427	CERTIFICA	TE OF DEATH	REG. NO	69	9427
1.NAA	ME OF DECEA	SED			2. DATE A	AND HOUR OF DEATH		
	E	LIZABETH G.				19-69	1 -	4.00 A M
3. PL/	ACE IN BALTIA	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If i	nstitution: reside	ince before admission)
FULL	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUT	TON. GIVE STREET	MARYLAND		1	749
INSTIT	ΙΟΠΟΝ				C. CITY OR TOWN		IDE CITY LIMITS	57
37	IV.	ERCY HOSPI	ral, inc	•	BALTIMOF	(I)	YES T	NO 🗌
						TRIDGE RD.		
5. SEX	6.	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Y	Ys. Il Under 24 His.
	ENALE	WHITE	WIDOWED	DIVORCED	3-16-05	04	Menths Day	B Hours Min.
done de	SUAL OCCUP	ATION (Give kind of worl	108, KIND OF	USINESS OR INDUSTRY	11. BIRTHPLACE (State er la	reign country)	12. CITIZEN	OF WHAT COUNTRY?
	SECRET		mco Stee	l Co.	MARYLAND		U	J.S.A.
13. FA	THER'S NAME				14. MOTHER'S MAIDEN NA	AME		
	LEWIS	A. WAGNER			JESSIE E.	ARMAGER		
15. We (Yes, no	s Deceased Ev	er in U. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS
	no		1	219-18-7739	Lewis E. Wagne	r 310 Ridgen	nede Rd.	Balto.Md.
18.		2/1		CAUSE OF DEATH		,	AP	PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., (A) IMMEDIATE CAUSE CALL Falls (A) IMMEDIATE CAUSE							
(III	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (AIL TOURS CHURCH OF.)						/ ~ .	
he	heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.)							
'	ANTECEDENT CAUSES (4, the spicaling of the Uprylone) / The							
10	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO: OR AS A CONSEQUENCE AFT.							
l lis	tise to the abave cause (A) stoting the UNDERLYING CONDITION lost. (C) He may be the lying house of the condition lost.							
ATION	HER SIGNIFICA	ANT CONDITIONS COL	NTRIBUTING		-		i	
CA	SEASE OR CON	BUT NOT RELATED TO THE	T 1 (A)	***************************************				
FE	SOF 2	PERATION 198 CON WAS PERI	OUMED C	IICH OPERATION	20A. AUTOPSY? (Yes er N	10) 208, IF YES, WERE	FINDINGS CON USES OF DEAT	ISIDERED
13 21/	A. ACCIDENT	WAS HADERIVING	21 B, Pi	ACE OF INJURY (e.g., in	er ebout 21 C. WHERE DID	(if In Beltimer	re City, give exa	ect lecation)
A DE	ATH (notify me	NG CAUSE OF	elc.)	form, foclory, street, off	ice bidg, INJURY OCCUR?			,
210	PATIME (A	Aonth) (Dey) (Year)	(Heur) 21 & fl	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
2 10	PPROX.)		While Work	At West				
22.	22. I certify that (I) (this haspital) attended the degensed from the large of the							
	that (1) (we) lost sow the deceased alive on 19 ond that In(my) (our) opinion death occurred on the date							
ane	and hour and from the couses stated above (1) (We) (did) (did not) view the body after death.							
	SIGNATURE	10 0.0	715				238. PATE SIG	3NED
	h	attorn flate	unie	DEGREE Phys.	ding Med. Director	Staff Phys.	Xpt.	19.68
23.6	NAME CYPE	ORN MAL	AISKIE	MID.	30. ADDRESS 30 St puel	pl. Mery Bal	to, M	D
24A. BI	URIAL CREMA	TION, 248, DATE	24C. NAN	LE of CEMETERY of CRE	MATORY 24D.	LOCATION (CI	ty, town, er ceu	unty) (Statel
	urial	9/22/6	9 Woo	dlawn Cemete	ry	Balto.,	Md.	
25A. D	SEP 24	1969 Cabert	25 NAME OF	REGISTRAR	25C. FUNERAL DIRECTO			DDRESS k Rd.
VS 150	-REV. 1/1/68	1		<u> </u>	1	balto. Pd.		







K-612 69 943		TE OF DEATH	. No. 69 9430		
1. NAME OF DECEASED (Type or Print) REBS A. RUSS	ell	2. DATE AND HOUR OF	F DEATH		
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD			lived. If institution: residence before admission		
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION	ISTITUTION, GIVE STREET	MARYLAND U	PRERCO 5300		
BREEN + REDWOOD ST.		UPPERCO	YES NO D		
		E. STREET AND NUMBER UPPERCO, UD.			
M WIDOW		8. DATE OF BIRTH 9. AGE (In lost birthdoy)	Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY		
SELFEMP. SUM	IMER RESORT	MARYLAND	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
JOHN KREBS		NELLIE MANS P	faff		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
NO	217 -28-5 599	Mrs. Reatha Krebs	Upperco, Md.		
18.2410,91	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		4	,		
(This does not mean the made of dving.	(A) IMMEDIATE CAL		KTENSION 2 HR		
heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ose,	A CONSEQUENCE OF:			
ANTECEDENT CAUSES		A c. 415			
DISEASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS	A CONSEQUENCE OF:	1 W R.		
rise to the obave cause (A) stating UNDERLYING CONDITION lost.	ine				
ONDERETING CONDITION JOSE.	(c)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG AL	LONE			
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YE	S, WERE FINDINGS CONSIDERED		
WAS PERFORMED	いかいと	YES IN CERTIF	ING CAUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ice bldg. INJURY OCCUR?	n Boltimore City, give exact location)		
	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	?		
(APPROX)	While At Work At Work				
22. I certify that (1) (this hospital) attende		110/69 1969 10	9/20 10/6		
that (1) (we) last saw the deceosed alive on 9/20 19 69 and that in (my) (our) opinion death occurred on the date					
ond haur ond from the causes stated obove. (1) (We) (did) (did not) view the body after death.					
4/	Atte	nding Med. Staff	23 B. DATE SIGNED		
23 C. PHYSICIAN'S	DEGREE Phys	3D. ADDRESS	4-20-64		
NAME (Type) MARCOLD THE THE			D A TO LLD		
MARGUETE ITE TO MO	NAME of CEMETERY OF CRE	MATORY 1240. LOCATION	(City, town, or county) (Stote)		
REMOVAL (Specify) Burial Sept. 23, 196		morial Gardens Finks			
25A. DATE REC'D BY HEALTH DEPT. 258, NAA	E OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS		
CED 2 A 1969 P. Ro. B. R. Ben	A D		ral Home Hampstead, Md.		
WE 250 081/ 1/1/40		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

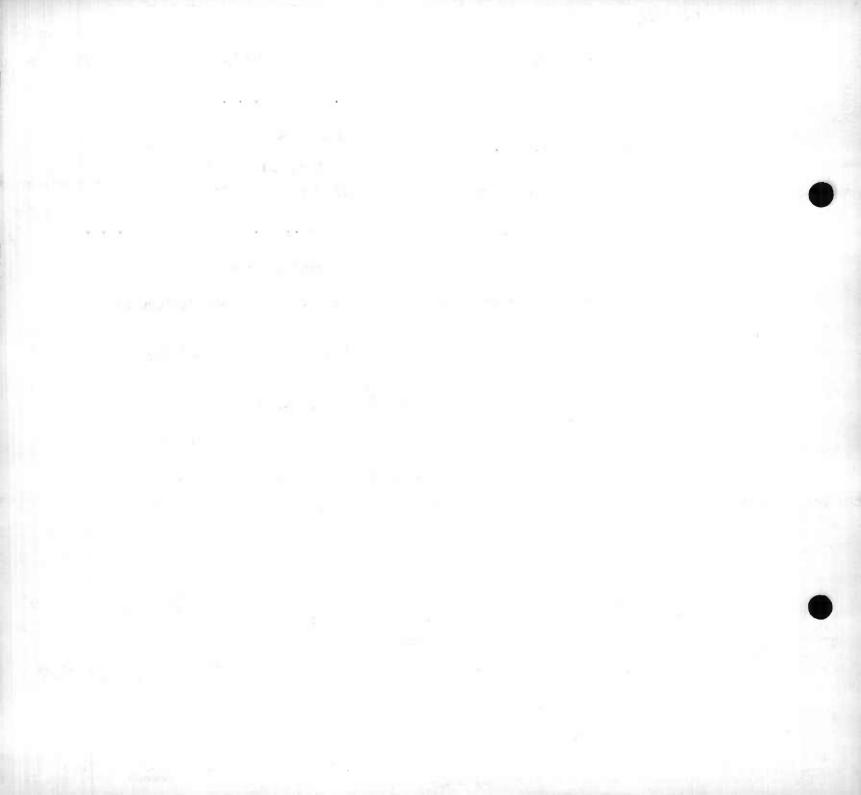


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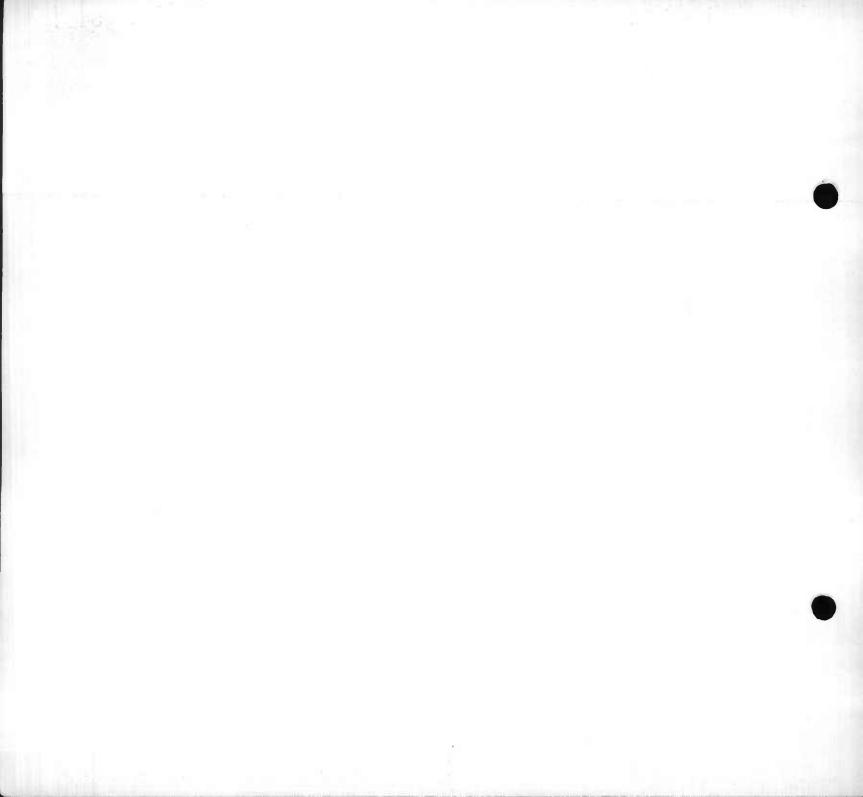
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VS 150-REV. 1/1/68

FUNERAL HOME



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DIRECTOR:

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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

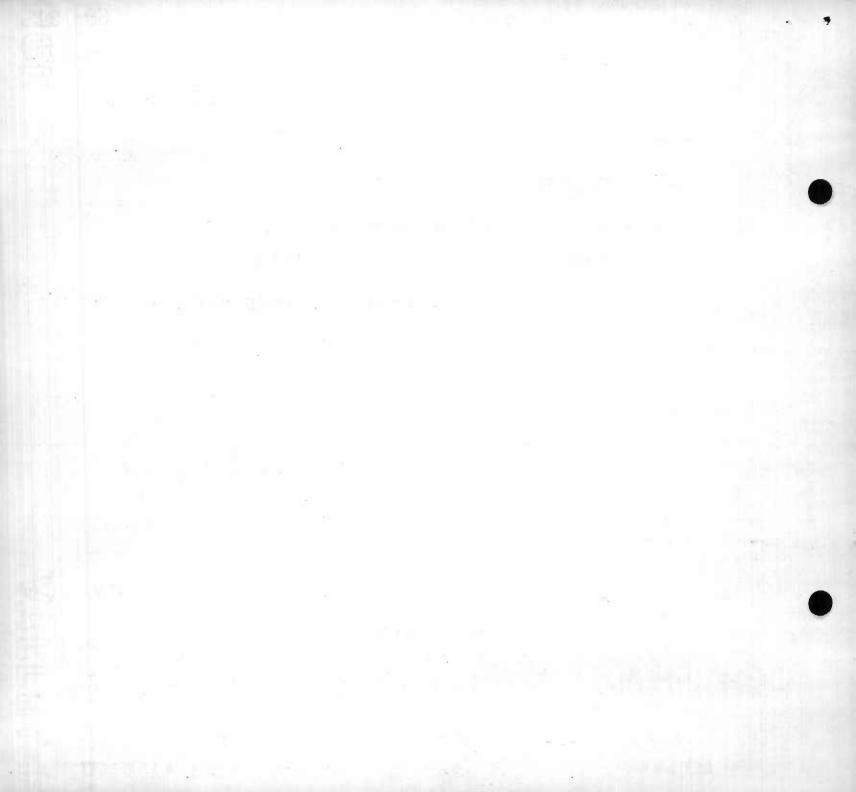
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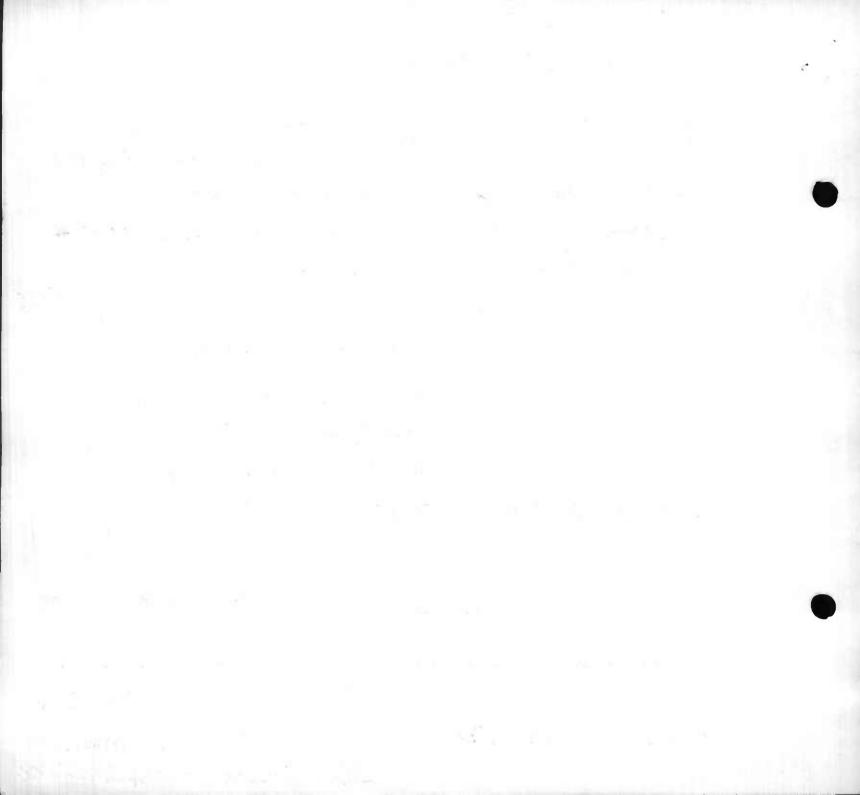
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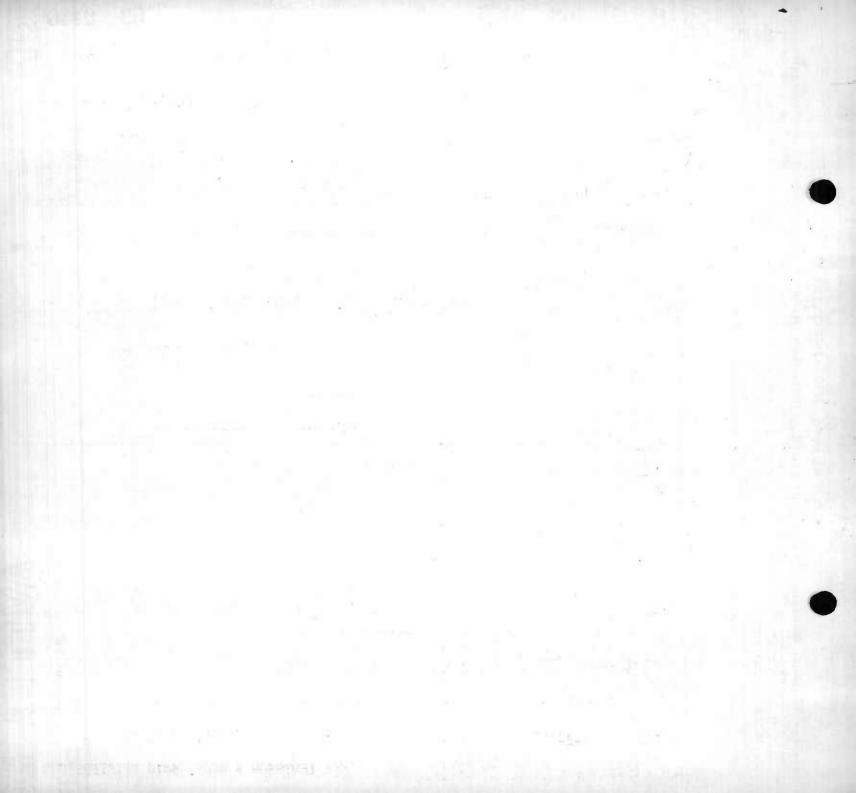
BALTIMORE CITY HEALTH DEPARTMENT

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SOL LEVINSON & BROS., 6010 REISTERSTOWN

2SC. FUNERAL DIRECTOR

9-21-69

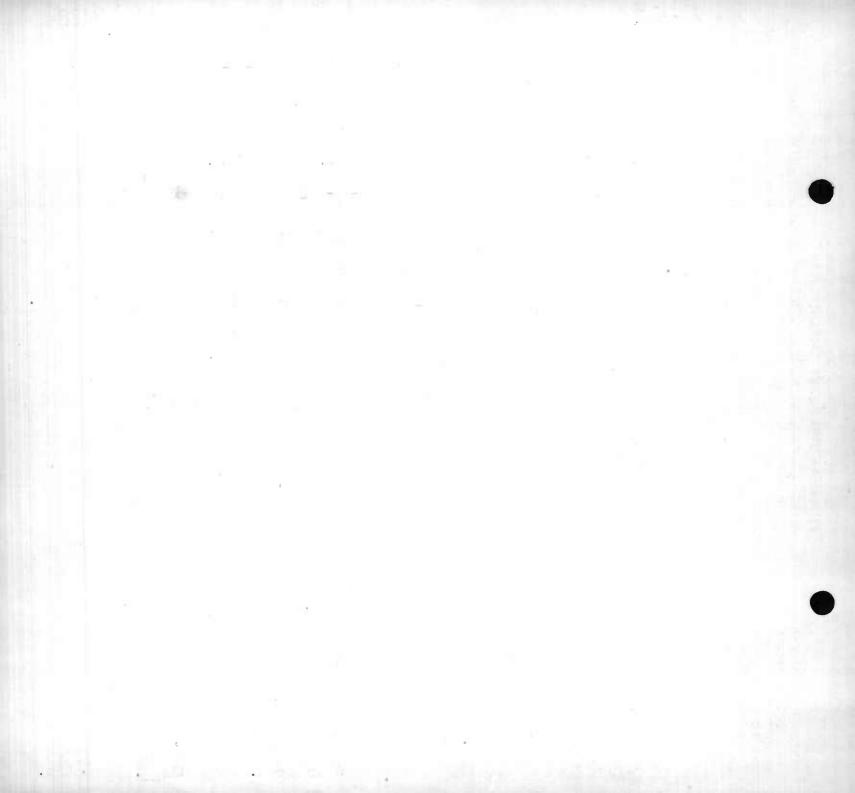
25A. DATE REC'D BY HEALTH DEPT. 255T NAME OF A PRISTRAR

BETH_DAVID

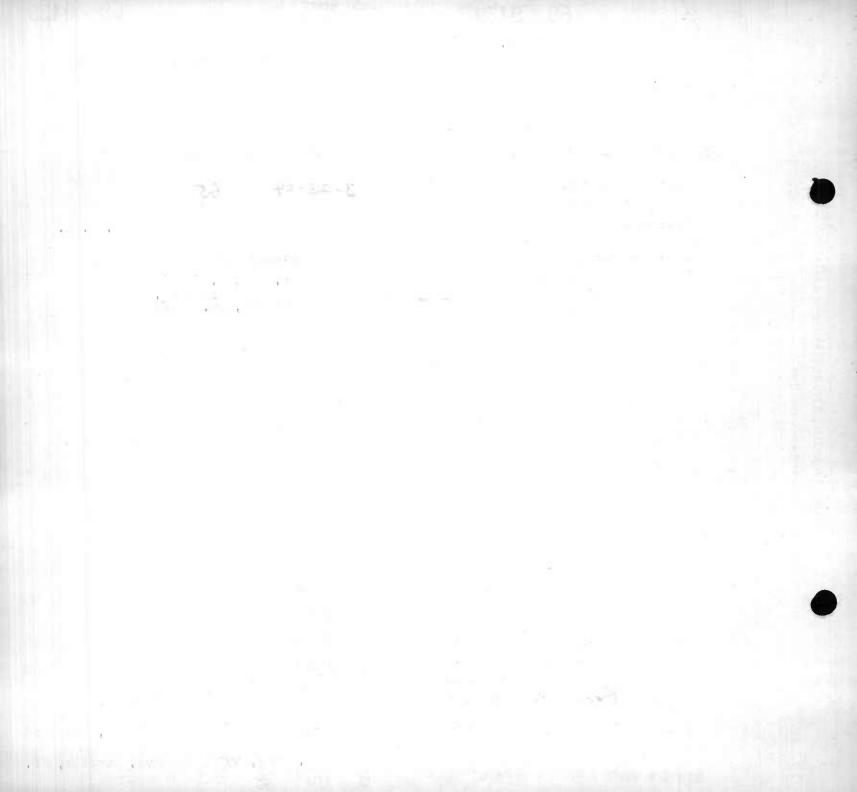
TOP-13-0028 THE MATALLE SE SCHOOL STOREN CONTRA

FUNERAL DIRECTOR: IMPORTANT

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	00	9438	CERTIFICA	TE OF DEATH	REG. NO	69 9438
	ECEASED				AND HOUR OF DEATH	
Type or Print)		0 1	Tourse Dalla			7.75
3. PLACE IN B	ALTIMORE, MARYLAND, V				here deceased fived. If in	7:15 A M
				A. STATE B. CO	UNIY	20011
FULL NAME C	ADDRESS OR LOC	TAL OR INSTITU	JHON, GIVE STREET	Maryland c. CITY OR TOWN	To tale	DE CITY LIMITS?
NSTITUTION					U. INSI	
10				Baltimore E. STREET AND NUMBER		YES X NO
Bolton H	Hill Nursing &	Convale	scent Center	17 S. Smallw	ood St.	
- SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
Male	Negro	WIDOWED	I DIVORCED	3-18-1898	71	
		KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
ane during most	of working fife, even if retired)					
2 FATUERIA	I A A A P			Greensboro, S	outh Carolina	USA
3. FATHER'S N	AME			14. MOTHER'S MAIDEN N	IAME	
Unk.				Agnes		
S. Wos Deceas	sed Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unkno NO	wn) (ff yes, give wor or dot	es of service)	SECURITY NO.	Acnes Brown	m 1720 Charres	nns Falls Pkw.
18. 6/m =			220-07-7316 CAUSE OF DEAT	9	TI TIES GMAI	APPROXIMATE INTERVAL
UNDERLYI	the obove couse (A) NG CONDITION lost.	ONTRIBUTING	(c)			
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	ATH BUT NOT RELATED TO 1 R CONDITION GIVEN IN PAI OF OPERATION 198. CON	RT 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
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DISEASE OF 19A. DATE 19A. DATE 19A. DATE 19A. DATE 19A. DATE 19A. DATE 19A. DATE 19A. DATE 19A. DATE 19A. DATE 19A. DATE 19A. DATE 19A. ACCII 19A. ACCII 19A. DATE 19A. ACCII 19A. ACCII 19A. ACCII 19A. ACCII 19A. ACCII 19A. ACCII 19A. ACCII 19A. ACCII 19A. ACCII 19A. ACCII 19A. ACCII 19A. ACCII 19A. DATE 21A. ACCII 21A. ACCII 19A. DATE 21A. ACCII	ATH BUT NOT RELATED TO THE RECONDITION GIVEN IN PARTICIPATION TO THE RECONDITION TO THE RECONDITION GIVEN IN PARTICIPATION TO THE RECONDITION TO T	RT 1 (A). NDITION FOR VERFORMED 218. hom etc.) (Hour) 21E. Whit word white dalive an ated abave. (I	PLACE OF INJURY (e.g., i.e., form, foctory, street, or injury occurred le At Not While At Work are deceased from the occurred law of CEMETERY or CRITICAL AUDURN	21F. HOW DID I	IN CERTIFYING CAI	uses of DEATH? e City, give exact location) July 1969 nian death accurred an the date of the date o
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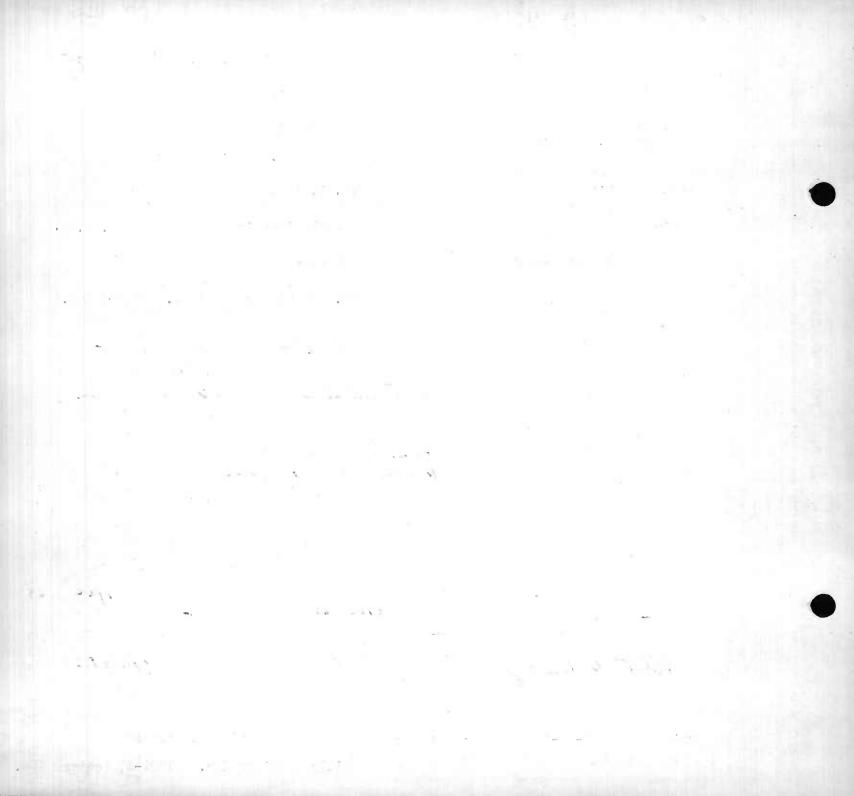
IMPORTANT FUNERAL DIRECTOR: BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? NO A If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (aur) aplnian death accurred an the date 23B. DATE SIGNED 21206 Baltimore, Maryland John J. Duda, 7922 Wise Ave. Dundalk, Md.



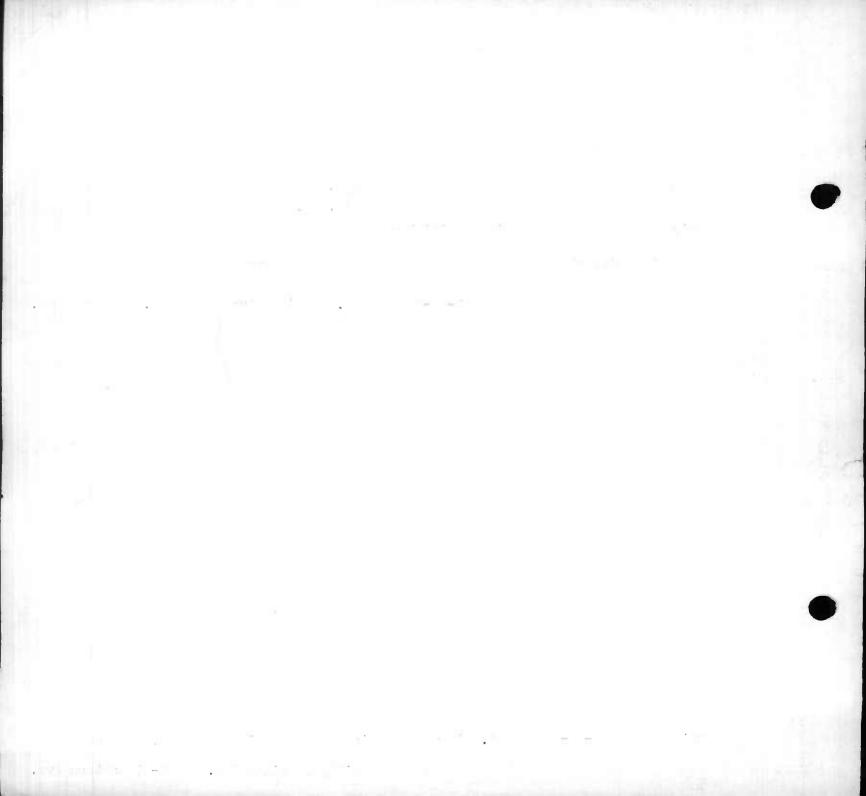
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) -65 H NO.		39 9	1441	CERTIFICA	ATE OF DEATH	REG. NO.	69	2441
	ME OF DEC		MARY	BARTEK			ber 22, 1		10:50 P
FULI HOS	L NAME OF	timore mary (IF NOT I ADDRESS	N HOSPITA OR LOCA	AL OR INSTITUTION)	INCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 639 S. Be	TY D. 11	NSIDE CITY LIM	702
5. SE	X	6. RACE		7. MARRIED	NEVER MARRIED X	R DATE OF RIPTH	AGE (In vegre	If Under Months: E	1 Yr. If Under 24 Days Hours Mi
Fe	male	White		WIDOWED		Dec. 7, 1882	ost birthday)	IVIORIUS L	Jays Hours W
dane		working life, ever		108, KIND OF	BUSINESS OR INDUSTR	Czechoslovaki	a		J. S. A.
13. F	ATHER'S NA		oh Bar	tek		14. MOTHER'S MAIDEN NAM	ΛE		
5. W Yes.	as Deceased	Ever in U. S.	Armed Fara	es? s of service	1 6- SOCIAL SECURITY NO.	17. INFORMANT	TILLED TO		ADDRESS
						Mrs. Teresa Lon	ig 639 S	. Belnor	d Ave.
	injury or cor	asthenia, etc. mplicotian which ANTECEDENT	CAUSES	deoth.)	(B) artini	s a consequence of:	me Duri	۸.	zun
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MEDICAL CERTIFICATION	DISEASES (ise to the UNDERLYIN OTHER SIGNIITO THE DEADISEASE OR CIPA. A CCIDE OR CONTRIBIONED TO THE DEATH (notify (APPROX.) 22. I certify that (I) (was	ANTECEDENT OR CONDITION OR CONDITION II FICANT CONDITION II FICANT CONDITION OF POPERATION ONT WAS UNDITION NT WAS UNDITRO ONT WAS UN	CAUSES ONS, if couse (A) I last. IONS CON ATED TO THEN IN PART 198. CONI WAS PERF ERLYING (SE OF iner) Y) (Year)	ony, giving stating the NTRIBUTING HE TERMINAL TO I (A). OTHER DITION FOR NORMED (Hour) 21E. Whit War attended the delive an	(C)	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY	IN CERTIFYING (If In Baltin URY OCCUR?	CAUSES OF DI	EATH?
MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYIN OTHER SIGNII TO THE DEAD DISEASE OR CONTRIBINATION OF INJURY (APPROX.) 21. A. CCIDE OF INJURY (APPROX.) 22. I certify that (I) (wand have an axis and axis axis axis axis axis axis	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OR CONDITION II FICANT CONDITION TH BUT NOT RELECTED TO THE LEGAL TO THE LEGAL TO THE LEGAL TO THE LEGAL T	CAUSES ONS, if couse (A) I last. IONS CON ATED TO THEN IN PART 198. CONI WAS PERF ERLYING (SE OF iner) Y) (Year)	ony, giving stating the STRIBUTING HE TERMINAL TO I (A). OTHER STRING HORSE STRING	(C)	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY Wiew the bady after death.	IN CERTIFYING (If In Baltin URY OCCUR?	CAUSES OF DI	exact location)
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MEDICAL CERTIFICATION	DISEASES (irise to the UNDERLYIN OTHER SIGNITO THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH (notify 27 A. A CCIDE OF INJURY (APPROX.) 22. I certify that (I) (was and hour and hour and 23 A. SIGNATI NAME (T	ANTECEDENT OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION OR CONDITION GIVE OR CONDITION GIVE OR CONDITION GIVE OR CONDITION GIVE OR CONDITION GIVE OR CONDITION GIVE OR CONDITION GIVE OR CONDITION OR CONDITIO	CAUSES ONS, if couse (A) I last. IONS CON ATED TO THEN IN PART 198. CONI WAS PERF ERLYING (SE OF iner) Y) (Year)	ony, giving stating the NTRIBUTING HE TERMINAL TO I (A). DITION FOR WORMED 21B. hometc.) (Hour) 21E. Whi War attended the dalive aned abave. (I	(C)	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY of the wiew the bady after death. 23D. ADDRESS	IN CERTIFYING (If In Boltin URY OCCUR? 9	causes Of Di more City, give	exact location) 19 accurred an the
MEDICAL CERTIFICATION	DISEASES (isse to the UNDERLYIN OTHER SIGNIITO THE DEA' DISEASE OR (19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (see and hour an 23A. SIGNATU NAME (1)	ANTECEDENT OR CONDITION I BE ANTECEDENT OR CONDITION I FICANT CONDITION I FICANT CONDITION I H BUT NOT RELECTED TO THE LIBRARY SENDITION (Do A that (I) (thick of the condition of the con	CAUSES ONS, if couse (A) I last. IONS CONTROL TO THE PARTY OF THE PAR	ony, giving stating the NTRIBUTING HE TERMINAL TO A CORMED 1 1 (A). OTHER TERMINAL TO A CORMED 1 (Hour) 21E. Whitward of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive and acce	(C)	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY 21F. HOW DI	IN CERTIFYING (If In Baltin URY OCCUR? 9	apinian death	exact location) 19 accurred an the
MEDICAL CERTIFICATION	DISEASES (irise to the UNDERLYIN OTHER SIGNII TO THE DEAD DISEASE OR CONTRIBIBLE OF INJURY (APPROX.) 21 A. A CCIDE OF INJURY (APPROX.) 22 A. I certify that (I) (under the under NTECEDENT OR CONDITION I GEORGE FICANT CONDITION FICANT CONDITION FICANT CONDITION OR CONDITION II FICANT CONDITION II FICANT CONDITION ON THE LICENS OF THE L	CAUSES ONS, if couse (A) I last. IONS CON. ATED TO THEN IN PART 198. CONIWAS PERF ERLYING SE OF iner) Hospital Adecease uses stat	ony, giving stating the NTRIBUTING HE TERMINAL TO A CORMED 1 1 (A). OTHER TERMINAL TO A CORMED 1 (Hour) 21E. Whitward of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive an acceptance of the dalive and acce	(C)	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY 21F. HOW DI	IN CERTIFYING (If In Boltin URY OCCUR? 9	apinian death	exact location) 19 19 10 10 10 10 10 10 10 10	



	K-305 69 94	46	TE OF DEATH REG. NO.	69 9442
	I, NAME OF DECEASED	IENNE KUTZANYK	2. DATE AND HOUR OF DE	ATH P P
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	. If institution: residence before admission)
	FULL NAME OF HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	INSIDE CITY LIMITS?
	38 University HospitAL		E. STREET AND NUMBER	YES NO
de.	5. SEX 6. RACE 7. MAR		12N. Montfor	
E	male White WIDO		8. DATE OF BIRTH Ukranian 9. AGE (In years lost birthday)	Months Doys Hours Min.
- 11	OA, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if refired) Retired Fur	niture Finisher	11. DIKTOPEACE (Saire of Politign country)	12. CITIZEN OF WHAT COUNTRY?
051	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U. J. 13.
Isp	John Kutzanyk		? Paraska	
111	5. Was Deceased Ever in U. S. Armed Forces? Yas, no or unknown] [III yes, give war or datas of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
final		217-40-2289	Mrs. Sophie Kytzanyka	12 N. Montford Ave.
10	18. 205,01	CAUSE OF DEAT	1	APPROXIMATE INTERVAL
- 11	DISEASE OR CONDITION DIRECTLY		ρ	BETWEEN ONSET AND DEATH
palmed	(This does not mean the made of dving.	(A) IMMEDIATE CAU		1 Welk
Ba	heart laiture, asthenia, etc. If means the disc injury or complication which caused death.)	ease,	A CONSEQUENCE OF: /	
E	ANTECEDENT CAUSES	Ac.	4 Milan Da.	2 /2
979	DISEASES OR CONDITIONS, if any, gi	ving (B) DUE TO, OR AS	h Myelo anour les.	I Kerua 3 months
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the		
5	11	(c)		***************************************
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL	**************************************	
before the remains	19A DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
Deto	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21& PLACE OF INJURY (e.g., ir home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID (If In Bolice bldg., INJURY OCCUR?	filmore City, give exact location)
0	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
Drained	(APPROX)	While At Not While At Work		
ODL	22. I certify that (I) (this hospital) attend		9/20 19 6 9 to	9/2/1969
0	that (1) (we) last saw the deceased alive		16	apinian death occurred on the date
	and hour and fram the causes stated abov	e. (1) (We) (did) (did not) vi	ew the body after death.	
5	23A. SIGNATURE			23B DATE SIGNED
B	parbara praetina	M. D. DEGREE Phys.	ding Med. Stoff Phys.	9/21/69
approval must	23C. PHYSICIAN'S NAME (Type) BARBARA BRAITM	2	University Hos	ing ba D
		C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
	Burial 9-25-1969	St. Michael Ukra	anian Baltimore Cou	enty, Maryland
T Z	SEP 24 1969	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
II-	SEL YE MAG		Lilly & Zeiler Inc.	1901-07 Eastern Ave.
V	S 150-REV. 1/1/68			

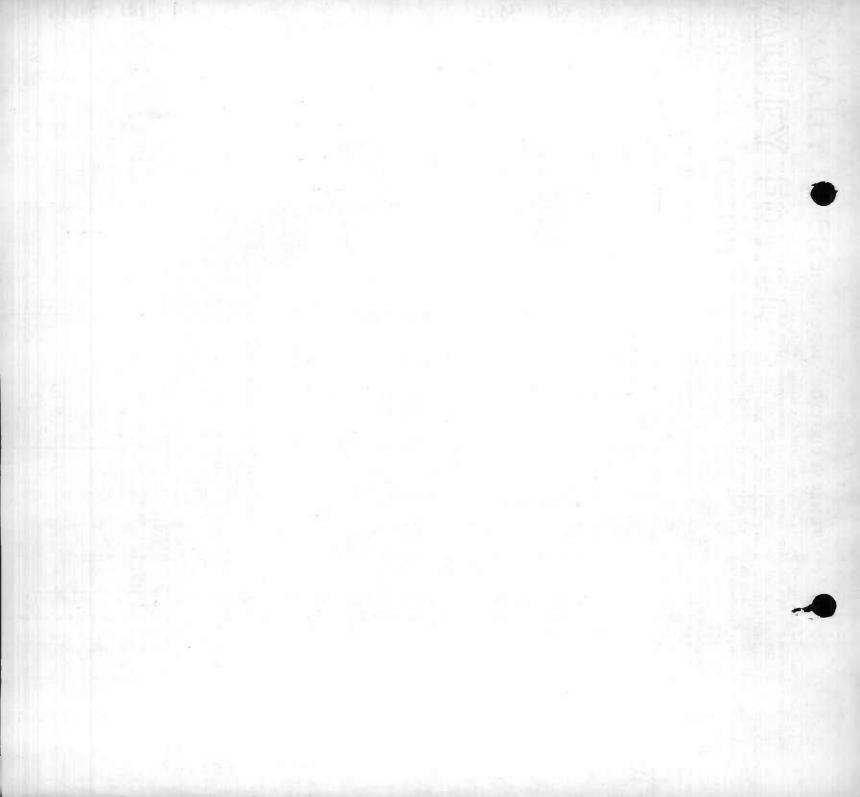


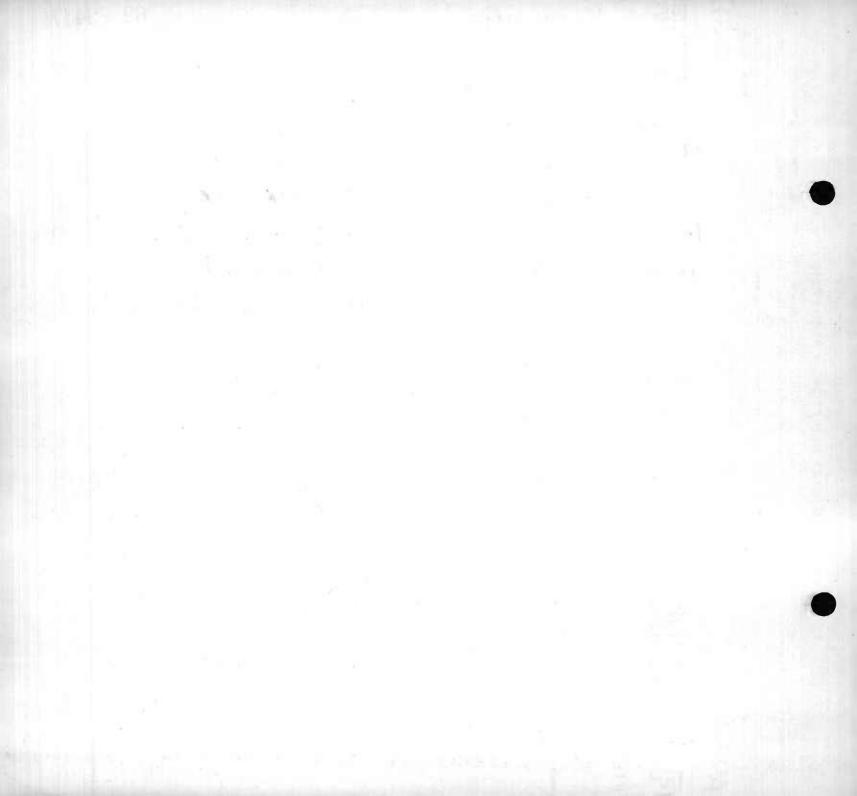


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And Common and Common C





W-300	69	9448		HEALTH DEPARTMENT	A	60 0	AAQ
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO	00 0	140
Type or Print)		Men (1)	00D.		AND HOUR OF DEATH		
	MORE MARYLAND, WH	7 1 mm 7 1			PT. 22, 1969 Where deceased lived. If i		H
				D. SIAIL	JUNII		odmissia
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITAL	OR INSTITU	ITION, GIVE STREET	C. CITY OR TOWN	Harland	(Ox	106
	***			1 1 0	ace D. INS	SIDE CITY LIMITS?	1
0010-	of many	LAWO	HOSPITAK	E. STREET AND NUMBE		YES NO D	7
5 X			V	RT-#1	- BOX 26	4	
SEX 6		MARRIED	NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years		der 24 Hr
F	CAUC.	WIDOWED		6-3-37	last birthdayl	Months Days Hours	Min.
A, USUAL OCCUP	ATION (Give kind of work) (rking life, even if retired)	B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT	COUNT
	NONE	-		MARYLAN	di	USA	
FATHER'S NAME	Sherman			14. MOTHER'S MAIDEN	NAME		
J04	N WOO	0		OROLIA	FILA ANDERSO,	().	
Wos Deceased E	ver in U. S. Armed Force: I yes, give war or dates	.2	1 6, SOCIAL	17. INFORMANT BTO HIS		ADDRESS	
NO	yes, give war or dates	of service)	SECURITY NO. 218-40-7460	Mr. Thomas C. Wo	I R.F.D. #1.	BON# 264	
18.	5 Vi		CAUSE OF DEATH		HAUTE de	mace, may last	
/ 0	OR CONDITION DIREC	CTIV	CAUSE OF DEATH	1		APPROXIMATE BETWEEN ONSET	
LE	ADING TO DEATH	CILI		(har 24 =	and amountain	21/2	
(This daes nat	mean the mode of d	ying, e.g.,	(A) IMMEDIATE CAU	SE / SPIRATI	ON PREVIOU	DIA. ZY hR	3,
injury ar campli	lhenia, etc. II means the calion which caused de	e disease,	J 0 1 10, 0 K A 3 /)			
	TECEDENT CAUSES		/0	100,000	of Fenchia		
	CONDITIONS, il any	y, giving	(B) OP AS	A CONSEQUENCE OF:	of Esofinag	05 6 M	DUTT
rise la lhe	above cause (A) st	aling the		A CONSEQUENCE OF:			
UNDERLYING (CONDITION last.		(c)		***************************************		
OTHER SIGNIFICA	11						
I IO THE DEATH I	ANT CONDITIONS CONT	TERMINAL		None.			
19A-DATE OF O	PERATION 198 CONDIT	(A).	HICH OPERATION	20A. AUTOPSY? (Yes at	Nall 200 to Vec 14505		
O TUNE 1	INVAC DEDECO	MED		NO NO	IN CERTIFYING CA		
21A. ACCIDENT	WAS LINDEDLYING	218/P	LACE OF INJURYALE, IN	or about 21 C. WHERE DID	lif in Baltimor	e City, give exact location)	
DEATH (notify me	NG! I CAUSE OF	home,	, form, foctory, street, offi	ce bldg. INJURY OCCUR	pr an commor	Bize axact location)	
21 D. TIME (N	Nanthi (Dayl (Year) (Hour 21E I	NJURY OCCURRED	215 HOW 515	NILLIAN OCCUPA		
21 D. TIME (A OF INJURY (APPROX.)		I	Al Not While	21 F. HOW DID	MJORT OCCUR?		
		Wark	- AI WOR				
	at (I) (this hospital) a			ept. 22	19 67 ta .	Sep7 22	9 6
that (I) (we) la	st saw the deceased o	alive an	Sept 22	19 <u>67</u> and	that in (my) (aur) api	nlan death accurred a	the dar
and haur and fr	am the causes stated	abave. (1)	(We) (dld) (did not) vI	ew the bady after deat	h.		
23A. SIGNATURE	100	11	7 \.			23B, DATE SIGNED	
Janu	ette. Gackg	race	Alten Phys.	ding Med.	Staff Phys.	Sept. 22.	69
23C. PAYSICIAN'S			OLOKEL	D. ADDRESS	. 117.11	26/11.22	01
TAMES	M. BlADUL	nes	M.D	UNIU. of	MARYLAND	Hosp	
A. BURIAL CREMA REMOVAL (Spec	TION, 24B, DATE	24C. NAA	AE of CEMETERY OF CREA		,	y, town, or county)	(Statel
BUTIA!	Sept. 24, 196	9 Hans	and MEMORIAL G				(aidle)
A. DATE REC'D BY					ldino, Harford		
2229.4 1	HEALTH DEPT. 25	Jaben	KD.	25C. FUNERAL DIRECT	mer . William	Adoray & Coulling	St.
150-85V-1/1/68	man de		77.7	Joseph William	Jat BEII	tic Diamlary Di	YIC

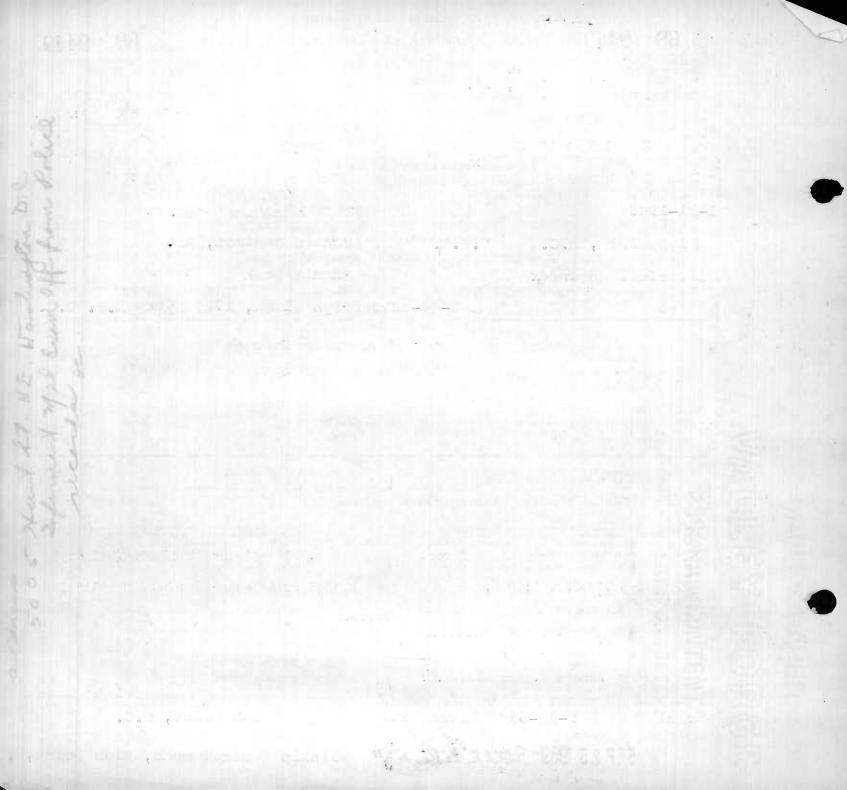


5-550

6 BIRTH NO.	9 944	9 MED	DICAL			RTIFICATE	OF DEAT	H REG. NO.	69	9449
1. NAME C	OF DECEASED				2.	DATE Known [Manth	Day	Yeor	Hour
	LEO		IMON,	JR.		DEATH Estimoted				М.
				ONOUNCED DEAD	3.	PRONOUNCED DEA	Manth	Day	Year	Haur
FULL NAME HOSPITAL OR INSTITUT	ÀDD	RESS OR LOCA	ATION)	TITUTION, GIVE STREET	5.	USUAL RESIDENCE	Septe	mber 19,1		1:50 A. _{M.}
38	UNIVERSI:	TY HOSP	ITAL		A	. STATE Maryla	and	B. COUNTY	1/	110
6. SEX	7. RACE		8. MARE	TED NEVER MARRI	ED C	CITY OR TOWN		D. INSIDE CITY	LIMITS?	7
Male	Neg	gro	WIDOV			Baltimore		YES	PS N	0
9. DATE OF	FBIRTH	10. AGE (If Under 1 Yr. If Under	24 Hrs. E.	STREET AND NUMB	ER	11.3	the state of the s	
1-31-	1943	lost birthdo	^(Y) 26	Months, Doys, Hours	Min.	2730 Wakefie	ld Road	-Apt. 203	3	
11. BIRTHPL	ACE(State or for	eign country)		12. CITIZEN OF		B. FATHER'S NAME				
Hig	hpoint	. N.C.		WHAT CAUNTRY	?	Leonard 3	Simon,	Sr.		
14A.USUAL	OCCUPATION (Sive kind af work	14B. KIND	OF BUSINESS OR IN	DUSTRY 13	5. MOTHER'S MAIDEN	NAME			
Elect	rical E	ngine	r			Mammie I	eak			
	CEASED EVER I			? I7. SOCIAL	18	3. INFORMANT		ADD	RESS	
(Yes, no ar ur	(If yes, giv	e war or dates	af service	2455CURITY N	3210	arolyn Sim	non, 171	9 Lyman	N.E	. D.C.
19.	8-10	0			OF DEATH		•		APPR	OXIMATE INTERVAL
2	5/80	Q.				The assemble in The			BETWEE	EN ONSET AND DEATH
	IFADING	NDITION DIRE TO DEATH	CTLY			Traumatic Ir	ljuries			
(This	does nat mean t	ne mode of de	ying, e.g.,		DIATE CAU	A CONSEQUENCE OF:				
	foilure, asthenia, ar camplication w								100	
RISE	ANTECEDEN ASES OR COND TO THE ABOVE O ERLYING COND	ITIONS, IF AN CAUSE (A) STA DITION LAST.	Y, GIVING TING THE	(B)	TO, OR AS	A CONSEQUENCE OF:				
<u>O</u> TO TI	R SIGNIFICANT C HE DEATH BUT N ASE OR CONDITION	OT RELATED TO	THE TERM	INAL						
20 A. D.	ATE OF OPERATI	ON 20B. CO	NOITION	FOR WHICH OPERATI	ON WAS	PERFORMED			21. AUTOP	SY? (Yes or Na)
0										yes
	EXTERNAL CAUS			22B. PLACE OF INJUR	RY (e.g., in	ar about 22C. WHERE	DID (If in Boltime	re City, give exoct	locotion)	5200
	CAUSE OF D		r) (Hau	Street		Rte.3 1/		rth of 69	5 (Be)	
OF INJ	URY	19,1969		A. WHILE AT	NOT WE	Driver	in auto-	auto head	on co	llision
23.	I certify that I	held an	inquiry [Inspection	Autor			death in my o		
	resulted fram:								l	
	resulted tram:	Isanurai cat	ses	Accident A	Suicide		CAL EXAMINER	ned manner		
A	CTUAL /	1001	11	11,11		ASSISTANT MEDI			D	ATE SIGNED
	GNATURE	mel	7 77/2/	(Cow V	M.D.					
	AMINER'S F AME (Type)	Ronald N	. KOI	nblum, M.D.		ASSOCIATE MEDI	CAL EXAMINER		0/10/	
	L CREMATION,	24B. DATE		24C. NAME of CEN	METERY or	CREMATORY	24D. LOCATION	(City, tawn,	9/19/6 ar caunty)	(State)
BULLA			3-69	Green H				oint, N.		(
						loso guarra				
ZSA. DAIE	REC'D BY HEALT	- 40.00		AME OF REGISTRAR		25C. FUNERAL DI			DRESS	
	SEP	25 1963	1 166	ent E. Janber,	K.D.	Halzlip	runera.	Home,	High	point, N

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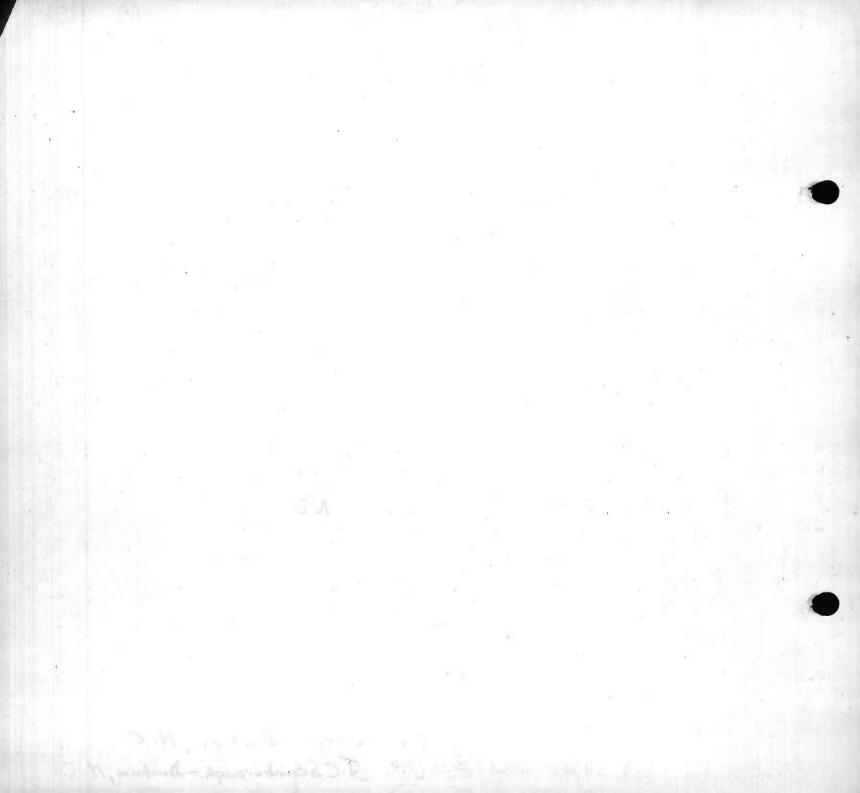
(Type or Print)	EASED			2. DATE Known	Month .	Doy	Yeor	Hour
	LEROY B.	HARDY		OF DEATH Estimote	d 🗆 Sept	ember 21	,1969	12:25
FULL MEDCALL OF INSTITUTION	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD RESTREET 11/13/69	3. DATE PRONOUNCED DE	Septem	Doy ber 21,1		12:25
UNION	N MEMORIAL HO	SPITAL	(DOA)	S. USUAL RESIDENCE A. STATE Maryl		B. COUNTY	n: residence b	efore admis
	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	ITY LIMITS?	
Male	Negro	WIDOWED	DIVORCED [Baltimore		Y	ES E	10 🗆
9. DATE OF BIRTH	lost birthdoy	y) If Unc	der I Yr. If Under 24 Hrs. s. Doys Hours Min.	E. STREET AND NUMI				
Baltimo		and W	TIZEN OF	James E.	Hardy			
14A.USUAL OCCUP	ATION (Give kind of work I	4B. KIND OF BI	USINESS OR INDUSTRY	15. MOTHER'S MAIDE	N NAME			
, and a state of we	rang me, even atented)			Marrie	Haywood			
16. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	IB. INFORMANT			DDRESS	
1100	. , . , g. , o . o . o . o . o . o . o	. Jeivice)	None	Marrie Ha	aywood.	1714 BI	rentwo	ood A
	OR CONDITION DIRECT			Subdiana	al hematon	13		
AN DISEASES O RISE TO THE UNDERLYING OTHER SIGNII O THE DEAT	t meon the mode of dylinosthenio, etc. It meons the oblication which coused death TECEDENT CAUSES R CONDITIONS, IF ANY, ABOVE CAUSE (A) STATI G CONDITION LAST. II FICANT CONDITIONS CO	disease, th.) GIVING ING THE ONTRIBUTING	(8)	AS A CONSEQUENCE OF		346		
AN DISEASES O RISE TO THE UNDERLYING OTHER SIGNII TO THE DEAT	t meon the mode of dylings the cost of the	GIVING ING THE ONTRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO, OR A	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF		1400		
AN DISEASES O RISE TO THE UNDERLYING OTHER SIGNII UTO THE DEAL	t meon the mode of dylinosthenio, etc. It meons the oblication which coused death TECEDENT CAUSES R CONDITIONS, IF ANY, ABOVE CAUSE (A) STATI G CONDITION LAST. II FICANT CONDITIONS CO	GIVING ING THE ONTRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO, OR A	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF		340	21. AUTOP	SY? (Yes or
AN DISEASES O RISE TO THE UNDERLYING OTHER SIGNII TO THE DEAT DISEASE OR C OTHER SIGNII TO THE DEAT DISEASE OR C OTHER SIGNII TO THE DEAT OTHER SIGNII TO THE DEAT	t meon the mode of dylinosthenio, etc. it meons the collication which coused death techniques of the meons the collication which coused death techniques of the meons of the m	disease, th.) GIVING ING THE ONTRIBUTING THE TERMINAL RT 1 (A). IDITION FOR W	(B) DUE TO, OR (C)	AS A CONSEQUENCE OF	:		ye	
AN DISEASES O RISE TO THE UNDERLYING OTHER SIGNII TO THE DEAT DISEASE OR C 20A. DATE OF UNDERLYING UNDERLYING UTING CAU OF INJURY (APPROX.) Se	t meon the mode of dylinosthenio, etc. It meons the oblication which coused death technical means the collication which coused death technical means to the course (A) STATI of CONDITION LAST. II FICANT CONDITIONS COURT ON THE BUT NOT RELATED TO TOUR BUT NOT RELATED TO	GIVING ING THE DITTING THE TERMINAL RT 1 (A). 228.PL home, 1	(B) DUE TO, OR (C) WHICH OPERATION WA ACE OF INJURY (e.g., of the component of the compo	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS PERFORMED In or obout 22C, WHERE obldo, etc.) INJURY OCCUPANT OCC	DID //Lia Baltima	re Cily, give exo Avenue	ye	
AN DISEASES OR OTHER SIGNII TO THE DEAT DISEASE OR UNDERLYING OTHER SIGNII TO THE DEAT DISEASE OR UNDERLYING UNDERLYING OF INJURY (APPROX.) Se 23. I certif	t meon the mode of dylinosthenio, etc. It meons the cost henio, etc. It meons the collication which coused death the course of the condition of the course o	ONTRIBUTING THE TERMINAL RT 1 (A). OUTION FOR W. Conquiry	(B) DUE TO, OR (B) DUE TO, OR (C) /HICH OPERATION WA ACE OF INJURY (e.g., form, foctory, street, olfice Home E.INJURY OCCURRED BILE AT NOT AT W Inspection Aus	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED 22C. WHERE INJURY OCCUPATION OF COMMENT OF COMMENT OF CHIEF MEDITURE OF CREMATORY	DID (II in Boltime UR? Brentwood ID INJURY OCCI OVER and h	re City, give exore Avenue UR? nit head deoth in my oned monner (City, town,	ye (Jocation)	ATE SIGN

ROALT ALSO TELL SEED WAS ASSESSED TO BE

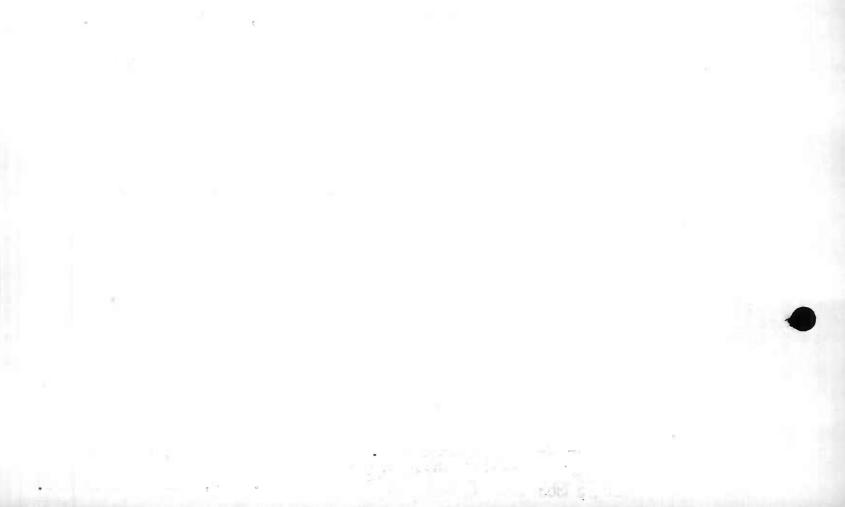
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VS 150-REV. 1/1768

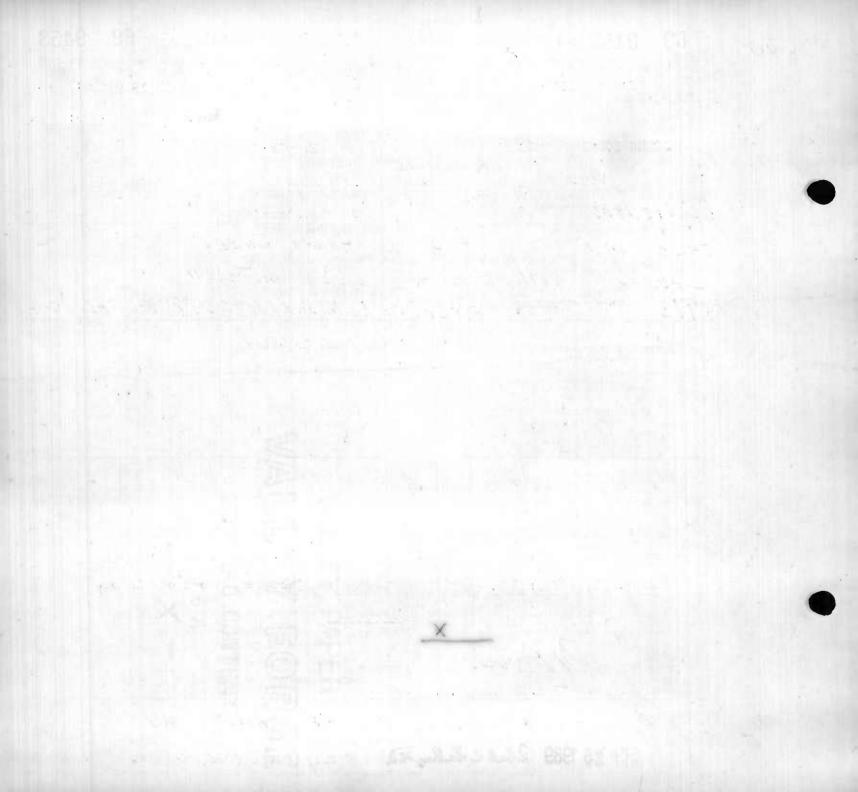


BIRTH NO. 69 94	52 CERTIFICA	TE OF DEATH	REG. NO.	69 9452
1. NAME OF DECEASED (Type or Print) COD D	00011		HOUR OF DEATH	0.0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	NSTITUTION, GIVE STREET	MARYLAN) C. CITYOR TOWN BACT MO	D. INSIE	15/2 DE CITY LIMITS!
SINAI HOSP.		E. STREET AND NUMBER	- D d /	YES NO
5 CEV 14 DACE	RIED, NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. Il Under 24 Hr. Months Days Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN fone during most of working life, even if refired) House wife		11. BIRTHPLACE Stole or fareign	countryt	12. CITIZEN OF WHAT COUNTI
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		UAA
Anthony Roane				,
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (III yes, give war or doles of serv	icel SECURITY NO.	Elizabeth Es 17. INFORMANT Ann Wyche, 2		ADDRESS
18. 9 5 0 0	CAUSE OF DEATH		7	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death,)	e.g., (A) MMEDIATE CAU DUE TO, OR AS A	SE Hyperamila CONSEQUENCE OF:	Doběhi (BETWEEN ONSET AND DEAT
ANTECEDENT CAUSES	(0)	Diahetes	-	
DISEASES OR CONDITIONS, if any, ginise to the obave cause (A) stoting UNDERLYING CONDITION last,	ving DUE TO, OR AS the (C)	A CONSEQUENCE OF:	***************************************	****************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ng Cent	ebro - vasent	y hard	ast Last
19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OR IF YES WERE FIN	NDINGS CONSIDERED SES OF DEATH?
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, aff elc.)	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(if in Boltimore	City, give exact location)
21D-TIME IMonth! (Day! (Year) (Hour! IAPPROX.)	21E. INJURY OCCURRED While AI Not While Work At Work	21F. HOW DID INJURY	OCCUR?	
22. I certify that (1) (this hospital) attended	ed the deceased fram	9/1/65 19	ta	9/23/4/19
that (1) (we) last saw the deceased alive	on 9/23/6	19and that I	n (my) (aur) apini	an death accurred an the dat
and haur and fram the causes stated above	e. (L) (We) (did) (did gat) vi	ew the bady after death.	,	
Our my Dear	After Phys.	ding Med. Stal		C. 22/10
23C.PHYSICIAM'S NAME (Type)	DEGREE	3D. ADDRESS	7	9/05/07.
14A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 9-27-69	.NAME of CEMETERY OF CREA		timore, M	town, or county! (State)
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	crimore,	ADDRESS
S 150-REV. 1/1/68 EP 25 1969 P.A.	BE Jaken MD	Charles L	aw, 802 M	



5-530

69 9453 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 69 9453
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print)	OF
HAROLD SNEED	DEATH Estimoted September 22,1969 8:30 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	September 22,1969 8:30 Am. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
2 2 TOUNG HODETHG HOGETHAT	A. STATE B. COUNTY
33 JOHNS HOPKINS HOSPITAL	Maryland 907
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ Divorced □	Baltimore YES NO NO
9. DATE OF BIRTH Open 19, 1933 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. Mi	2758 The Alameda
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHALCOUNTRY?	13. FATHER'S NAME HENRY SNEE!
DATO 11 (11.) . 4.	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 1. About FR	LUEV mitchell
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or Anknown) (If yes, give wor or dates of service) SECURITY NO.	Edith SNEED 2758 THE ALAMEDA
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Cranio-	Cerebral Injuries
LEADING TO DEATH	CAUSE
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
O A	21. ASIGNATION
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION (e.g., home, form, foctory, street, office UTING ☐ CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) to bidg., etc.) INJURY OCCUR? 900 Blk. North Bond Street
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	
OF INJURY NOT	Notice .
(APPROX.)Sept. 21,1969 5:00 Pn. WORK ATV	WORK Subject leaped out of window-
I cortify that I held an Inquiry Inspection Au	ond that on this basis, deoth in my opinion
resulted from: Notural couses Accident Suicident	de Homicide Undetermined monner
resorted from: Noticion cosses	
ACTUAL STORY	DATE SIGNED
SIGNATURE OF MUCH M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 9/22/69
NAME (Type) Russell S. Fisher, M.D.	NOT OUT THE PROPERTY LANGUE TO THE PROPERTY OF
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	MEM. PK. ARBUTUS Md
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Control
VS 151-REV. 1/1/68	Justin to acoust to 120 x 11. (season as)



		E	SALTIMORE CITY	HEALTH DEPART	TMENT		00	0.454	
BIRTH NO.		9454	CERTIFICA	TE OF DE	ATH	REG. NO	69	9454	
(Type or Print)	MCLA	IN, REES		[2		22 , 196	9 1	00.45	7 .
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUNCED	DEAD	4. USUAL RESIDE		eceased lived. If in			
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	TAL OR INSTITUTION.	GIVE STREET	11	CHAND	In the		205	
		111 +	1	BALTI		D. 1N311	YES X	NO	
77 Unio	N MEMORIA	I Hospila	I	E. STREET AND 1	NUMBER	NVALES			
5. SEX	6. RACE	7. MARRIED NEV	EP MARRIED	8. DATE OF BIRTH		GE (In years	If Under 1		4 Mar
MALE	NEGRO	WIDOWED	DIVORCED T	03-16-	02 last	birthdoyl 67	Months D	ays Haurs A	Ain,
dane during most of	UPATION (Give kind of wark warking lile, even if retired)	108 KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (S	itale ar fareign (auntryl	12. CITIZEI	OF WHAT COL	NTRY
	HANIC			NORTH	CAROL	INA		USA	
13. FATHER'S NA				14. MOTHER'S MA					
•	LFORT MCL				RGREN	T MCLA	IN		
(Yes, na ar unknawn	Ever in U. S. Armed For Il (If yes, give war or date		urity no. -05-6095	KATTIE	MC KIN	LEY (daust	+	SAME	
18. 24. 4	/ X 1 //	C.	AUSE OF DEAT	4			1 7	APPROXIMATE INTER	
DISEA	SE OR CONDITION DI			0- 0'0			BET	WEEN ONSET AND)EATH
(This does	nat mean the made of	Oving e.g.		SE RESPIRI		FAILURE			
heort loilure.	aslhenia, elc. Il means aplication which caused	the disease	DUE 10, OR AS	A CONSEQUENCE O	r:				
	ANTECEDENT CAUSES		BUL	LOUS EN	APHYSE	MA	- 1		
DISEASES (OR CONDITIONS, II	any, giving (DUE TO, OR AS	A CONSEQUENCE	OF:			*********	
UNDERLYING	o bove couse (A) G CONDITION last,	slaling the			RONCHI	Tis			
	11			EBROVASC	***************************************				
FITO THE DEAT	FICANT CONDITIONS COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	NTRIBUTING HETERMINAL	GENERA		_	LEROSIS			
19A. DATE OF	OPERATION 198 CONI	DITION FOR WHICH C	PERATION	20A. AUTOPSY?	(Yes or No) 20 IN	B. IF YES, WERE FI	NDINGS CO	NSIDERED	
OR CONTRIOL	NT WAS UNDERLYING DITING CAUSE OF medical examined	218. PLACE (home, form,	OF INJURY (e.g., in factory, street, of	or about 21 C. WHE		(If In Baltimore	City, give e	xoct locotian)	9
21D. TIME	(Month) (Day) (Year)	(Haur) 21E INJURY	OCCUPPED	215 HOW	DID INJURY	0.001110			
(APPROX)		While At Work	Not While At Wark		A DID INJUKY	OCCUR?			
22. I certify	that (1) (this hospital)	attended the dece	sed fram	Sept 20	19	29 to 5e	pt 22	19_6	9
that (I) (we)	last sow the decease	d alive on 5	pt 22	19 69		(my) (our) apini			
and hour and	from the causes state	ed above. (1) (We) (did) (dld not) vi	ew the bady afte	r death.				
23A. SIGNATU	if Karacus	chanth	MD Atter	ding Med.			Sept	22, 19	69
23 C. PHYSICIA NAME (T	vnel A A	TRACUSCHAN	443	3D. ADDRESS		HORIAL	HOSE	PITAL	
24A. BURIAL CRE	MATION, 248. DATE	24C. NAME of C	DEGREE	MATORY	24D. LOCAT	ION , (City,	tawn, ar co		el
REMOV.	AL 19/26/69	WATERI	19 HOLI	¢	Lumb	erton, N	I.C.		
	1000	25B. NAME OF REGIST	And a	25C. FUNERAL I	DIRECTOR	b. (h 12	1	DDRESS	21

Davis Supering street

0360 3 W

BLEERT MCLHIN

BIRM

OM

ACCHANIC

63.76.62

NORTH CHRISLING

MARGRENT MILLIN

KATTIE MCKINGEY (AMARIN) SITTEM

RESTURBICRY FRILLING

PHILLIP CHYMD LULLING

CHRONIC INCONDITION

SEP COREBACIONI, CLAR ACLIBENTS

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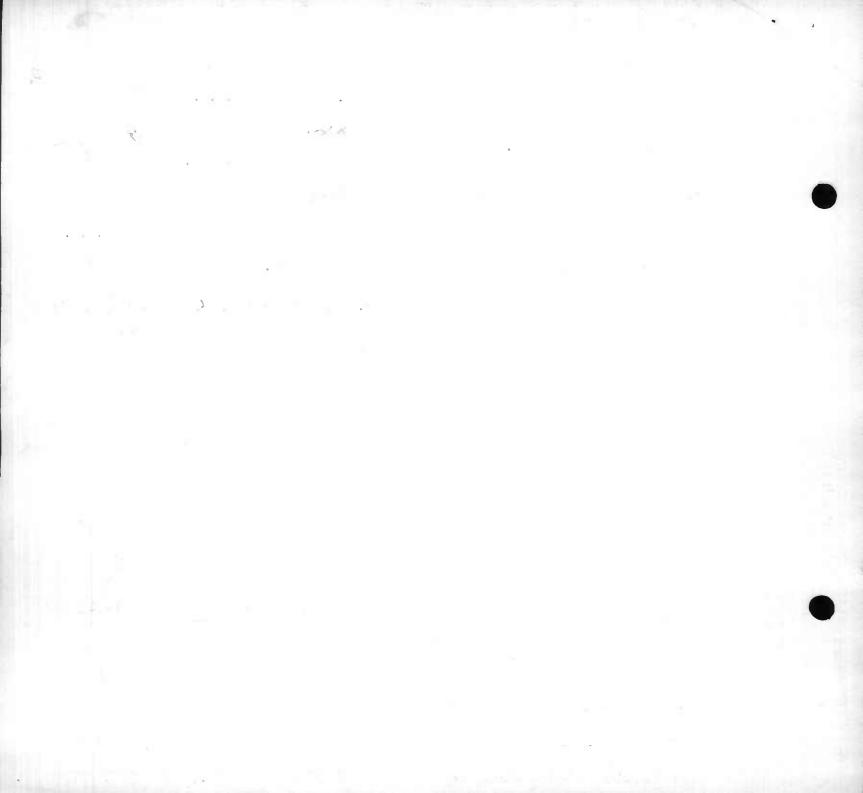
My Kanam hampy MD

Miguel HARRICISHAMINEY MD

Sept 22 S

CHICK HEMBRIAL HOSPITS

VS 150-REV.

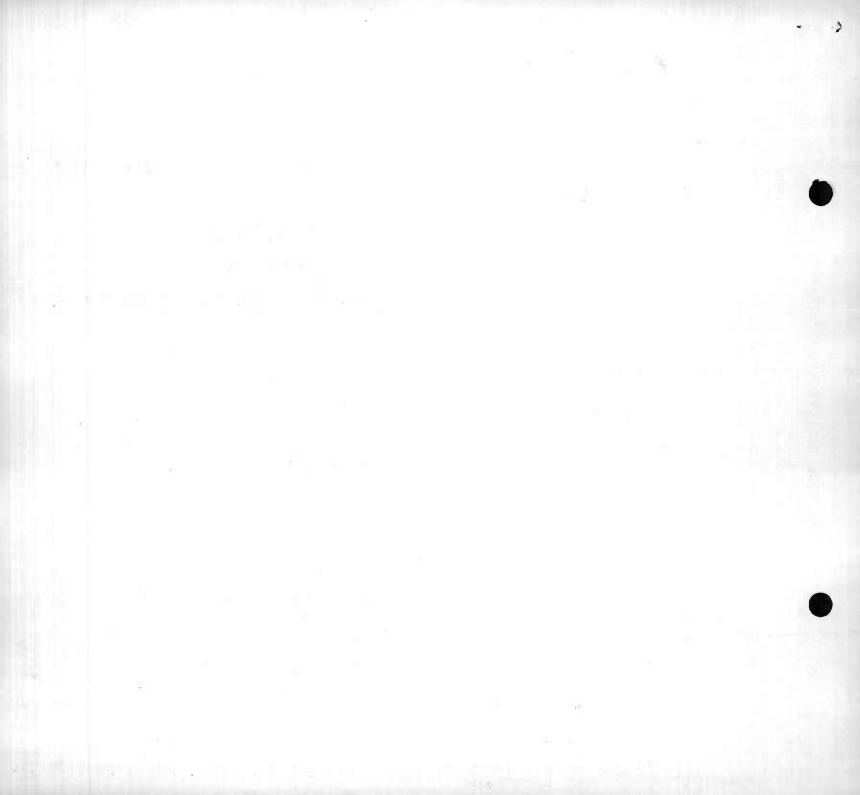


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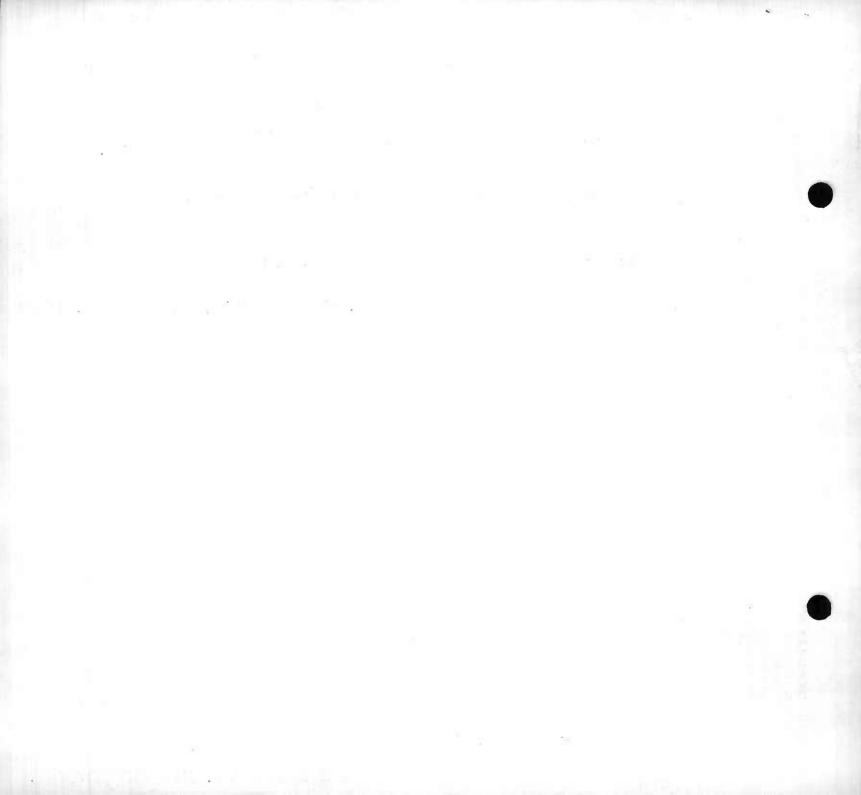
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



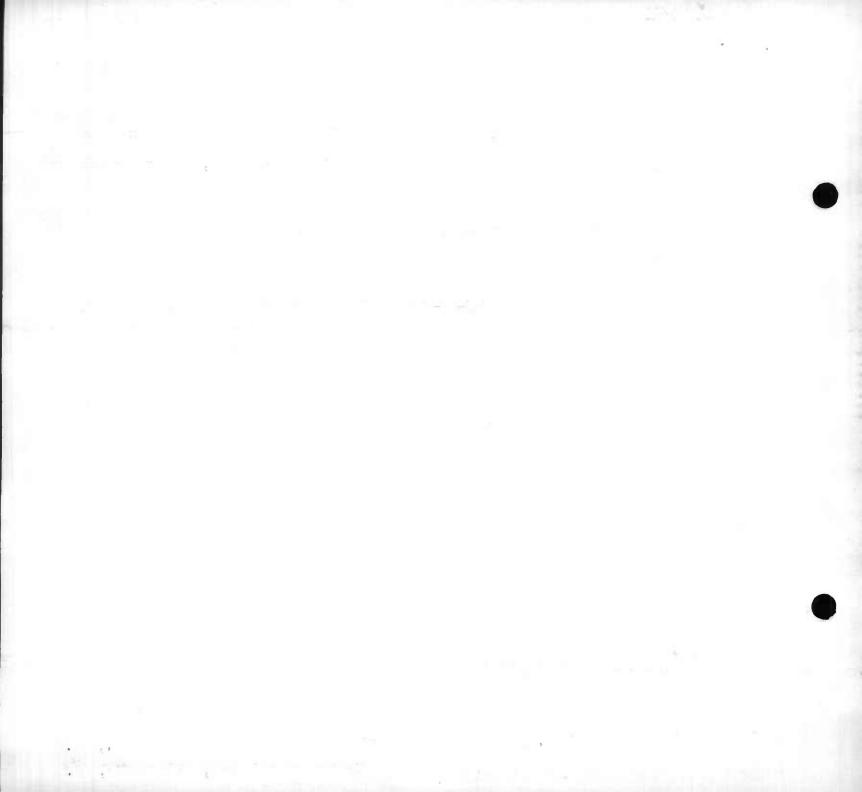
1	4-165	-		BALTIMORE CITY	HEALTH DEPARTMENT		
21	RTH NO.	69	9457	CERTIFICA	TE OF DEATH	REG. NO.	69 9457
1.1	NAME OF DECE	ASED				ND HOUR OF DEATH	
	pe or Printl	LAFFERM	IAN,	ANNA	9/	19/1969	1 430 AM
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE INTO	re deceased lived If ins	stitution: residence before admission)
H	ILL NAME OF OSPITAL OR STITUTION	IIF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITE	UTION, GIVE STREET	MARY LAND Bay		DE CITY LIMITS?
1	SINAI	HOSPITA	L OF	BALTIMORE	BALTIMORE E. STREET AND NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	11	APT.1 B
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	- AAAAA	948 Mar:	sue Drive # 15.
	FEMALE	WHITE	WIDOWED	X DIVORCED	1/1/92	lest birthdoy)	Il Under 1 %, If Under 24 His. Months Doys Hours Min.
gor	HOUSE	EWIFE	108, KIND OF	AT HOME	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	MORRI	S& ARONOFF			14. MOTHER'S MAIDEN NAM UNKNOWN		-:
15. (Ye:	Wes Deceesed	ever in U.S. Armed For lif yes, give wor er dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
L	NO			oreakin kto.	MR. MORRIS LAFT	FERMAN. 3418	RETLAW RD. #21207
	18. DISEASE	OR CONDITION DIE	RECTLY	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	L	EADING TO DEATH		(A) IMMEDIATE CAU	SE ATHEROSCLERO	TIC CAPDIOY	ASCULIATE
	heart failure, a	t meon the made of sthenio, etc. It means lication which caused	the disease.		CONSEQUENCE OF	SEASE.	
		NTECEDENT CAUSES	decing				
	DISEASES OF	CONDITIONS, II	any. giving	(B) HY P	A CONSEQUENCE OF:		
	rise to the	above cause (A) CONDITION last.	stoling the		BETES MELLI	Tus.	
-		11					
ATIO	LIO THE DEATH	ANT CONDITIONS COL BUT NOT RELATED TO TH NOTION GIVEN IN PART	IE TEDMINIAI	*****************	**********************	***************************************	
CERTIFICATION	19A DATE OF	OPERATION 198. CONT WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes er No	208. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT OR CONTRIBUT DEATH (notify n	WAS UNDERLYING DING CAUSE OF	21 8, home elc.)	PLACE OF INJURY le.g., in , form, factory, street, off	or obout 21 C. WHERE DID	(If In Baltimore	City, give exact location)
MEDI	OF INJURY	Month) (Dayl (Year		INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
~	(APPROX.)		Whil	e At Work			
	22. I certify t	nat (1) (this hospital)	attended th	e deceased fram	0/9	969 ta 9/1	9 1969
	that (H) (we) le	ast saw the decease	d alive an	2/19			on death accurred on the date
			ed abave. (1)	(We) (did) (did nat) vi	ew the body after death.		
	23A. SIGNATURI					1	238, DATE SIGNED
	22C Billyelet And	A. Mari		DEGREE Phys.	Director 🗀 1	Staff N	9/19/69.
	23C. PHYSICIAN NAME (Typ	ANDREAS	PETS	AS M.D.	SINAL HOSP	ITAL OF	BALTIMORE.
24A	BURIAL CREM		24C. NA	ME of CEMETERY of CRE			, town, or county! (State)
	BURIA	9	9 HAR	SINAI BENEVOLE	ENT SOCIETY D		RYLAND
		969 Paber 8	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
-	150-REV. 1/1/68		-	40.00	SOL LEVINSON &	DKUS. 6010	REISTERSTOWN RD.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M 255	2 69	9458		HEALTH DEPARTMENT	Y	69	9458
1.N (Typ	AME OF DECE	MC GINNI	C DAD	V POV		AND HOUR OF DEATH	10/0	1 0==
3. 1	PLACE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (PTEMBER 22, Where deceased lived, 11 in	1969	1:35P M
FU! HO INS	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	MARYLAND c. CITY OR TOWN	ANNE ARUNI		NTY 5200
4	0	ST. AGNE	S HOSP	ITAL	GLEN BURN E. STREET AND NUMBE 8 CENTRAL	R	YES 🗌	№ 🂢
	ALE	WHITE	WIDOWED		8. DATE OF BIRTH 09/21/69	9. AGE (in years last birthday)	If Under 1 Ye	Hours Min.
1	USUAL OCCUI during most of w IEW BOR FATHER'S NAM	N	10B, KIND OF	BUSINESS OR INDUSTRY	MARYLAND 14. MOTHER'S MAIDEN		U.S.	OF WHAT COUNTRY
F	PAUL MC	GINNIS			BETTY (NEE	GEORGE)		
15, V (Yes,	Nos Deceosed L , no or unknown)	Ever in U. S. Armed Fore Ill yes, give war ar dote	es? s ol service)	SECURITY NO.	17. INFORMANT			DRESS
	18.	1 12		CAUSE OF DEATH		HOSPITAL RE		ROXIMATE INTERVAL
	near failure, a injury ar compi Al DISEASES OR rise to the UNDERLYING	t mean the mode of sthenia, etc. It means licetian which caused NTECEDENT CAUSES CONDITIONS, it above cause (A) CONDITION tast.	the disease, death.) ony, giving stating the		A CONSEQUENCE OF: A CONSEQUENCE OF:	RESS SYND	RO ME	
CERTIFICATION	9A DATE OF C	NDITION GIVEN IN PART PPERATION 198 CONE WAS PERF	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE F	INDINGS CON	SIDERED
A C	21A. ACCIDENT OR CONTRIBUTE DEATH (natify m	WAS UNDERLYING DING CAUSE OF	218, homeica)	PLACE OF INJURY (e.g., In e, farm, factory, street, of	or obout 21C. WHERE DID	(If In Boltimore	Cily, give exoc	t locotion)
3 19	PID. TIME INDURY	Manth) (Day) (Yeod)		tNJURY OCCURRED le At Not While At Wark	21F. HOW DID	NJURY OCCUR?		
1	hot (1) (we) I	nat (I) (this hospital)	olive an	SEPTEMBER 22	PTEMBER 21	1969 to SEP that In(my) (our) opin		
2	3A. SIGNATURE	Horn's	AB	M.D. DEGREE Phys.	ew the body ofter death	Staff Phys.	23B, DATE SIGN 9 -	· 23- 69
	BURIAL CREMA REMOVAL Spe BURIA-	JORGE ATION, 24B. DATE ACITY) 9/23/6	9 G	IEN HAVE	MATORY 24D.	OSP; CATON &		NS AVES. (Stote) AA MI
25A.	DATE REC'D BY	PAG RABELE E	Falley		25C. FUNERAL DIRECTO		HOME &	DORESS FIEN BURNIE

	11/ 252		BALTIMORE CITY	HEALTH DEPARTMENT		00 0
	BIRTH NO.	9459	CERTIFICA	TE OF DEATH	REG. NO	69 9459
	1. NAME OF DECEASED			2. DATE	AND HOUR OF DEATH	
		Linda k	Kaye Hawkins	S	Sept. 23, 196	9 13:45 A M
	3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived, If in	stitution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET		no co.	5200
	INSTITUTION ADDRESS OR LOCA	INOITA		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	ZX			Glen Burni	е	YES X NO
	US Public Health Serv	rice Hosp	oital	E. STREET AND NUMBER		
de	3100 Wyman Parkway	7		c/7467 Apar		nace Branch Road
made	F W	_	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work	WIDOWED		6/8/45	24	
0	done during mast of working life, even if refired)	1			reign country)	12. CITIZEN OF WHAT COUNTRY?
Ξ.	Housewife	Own	Home	Ind.		USA
pos	13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
<u>s</u>	Kaye Swain			Edith Farr	rington	
-	15. Was Deceased Ever in U. S. Armed Fore (Yes, no or unknown) (If yes, give war at date	es?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
final disposition	No		25-58-8358	Records- US I	PHS Hospital,	Balto, Md.
0	18. 05,71		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIR	ECTLY		Candianani		
embalmed	(This does not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE CALCITOTES DI	ratory arres	t Terminal
ρα	hearl failure, asthenia, etc. It means injury ar camplication which caused	the disease.	DOL 10, OR A3 /	CONSEQUENCE OF:		
E	ANTECEDENT CAUSES			167	7 1 1	
are	DISEASES OR CONDITIONS, if	inv. giving	(B)	Myelocytic A CONSEQUENCE OF:	Tenkemia	8 mos.
8	rise la lhe abave cause (A) UNDERLYING CONDITION last.	stating the				
before the remains	UNDERLYING CONDITION last.		(c)			
Ē	OTHER SIGNIFICANT CONDITIONS CON	JIDIRLITING				
5	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	*****************	******		
9	U 104 DATE OF ORGANION NOT	DITION FOR WE	ICH OPERATION	20A. AUYOPSY? (Yes or N		INDINGS CONSIDERED
0		OKMED		no	IN CERTIFYING CAL	ISES OF DEATH?
0	OR CONTRIBUTING CAUSE OF	21 B, Pi	LACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(II In Boltimore	City, give exact lacotion)
9	DEATH (notily medical examine)	etc.)				
ained	OF INJURY (Month) (Doyl (Yeos)	(Hour) 21 E. II	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(APPROX)	While Wark	At Work			
5	22. I certify that (1)/(this hospital)	attended the		July 22	19 69 to Sent	22 10 60
0	that (1) (we) last saw the deceased			4 -	, -	23 19 69
De	and have and from the causes state		1 1111			ian death accurred an the date
S	23A. SIGNATURE	1 4 4	(40) (410) (410) (61)	ew the bady after death.		23B DATE SIGNED
E	William 90	Mith		ding Med.	Stoff [
0	23C-PHYSICIAN'S	TIMM	DEGREE Phys.	3D. ADDRESS	Stoff Phys.	9/23/69
2	NAME (Type)	Curry (D			ddal Dalt-	262
approval must	Wm. E. Mitch, Jr.		DEGREE OF CREATERY OF CREATER		oital, Balto,	
	REMOVAL (Specify)			2.7	OCATION (City	, lown, or countyl (State)
9	Burial 26 Sept		en Haven Mem		en Burnie	AA Co. Md.
Written		25B, NAME OF		2SC. FUNERAL DIRECTO		
- 11	3 LT Z 3 1303 V4044	E. Jarba	20 Ph. Co.	Turktey runer	ar nome, Gre	n Burnie, Md.



1		B-200 69 9460	BALTIMORE CITY	HEALTH DEPARTMENT	
ath the the		RTH NO.	CERTIFICA	TE OF DEATH	REG. NO
S	1. I 1 Ty	Pe or Print)	Bock	2. DATE AN	B Seld 69
ti o o o ti	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	DUNCED DEAD	4. USUAL RESIDENCE IWhen	e deceased lived. If institu
	FL	ILL NAME OF (IF NOT IN HOSPITAL OR INSTI STITUTION ADDRESS OR LOCATION)	TUTION, GIVE STREET	MARYLAND -	ALL ALL
series to	IN	Mercy Hospital		C. CITY OR TOWN	D. INSIDE
ting d cau r atte prior		Mercy Hospital		E. STREET AND NUMBER	011
urre ibut ined ined of p	5.	SEX 6. RACE 7. ALADRICO	NEVER MARRIED		Hingham
contribut termined regular eased pr		WIDOWEL	DIVORCED	466/27	9. AGE (In years light birthday)
th colling	der	USUAL OCCUPATION (Give kind of work 10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country) 1
P O L S P II	13.	TESE MECHANIC ME	CHANIC	MARY/A	Nd
# 5(€) » + g		FRITZ Bock		14. MOTHER'S MAIDEN NAM	AE Wallet
ath ath	15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,no of unknown) (If yes, give war or dates of service)		17. INFORMANT	1/RADEL
the the the kir de mee	2	les ww II	219-16-0393	MIS BETTE TO	Back
fany fany nced endan	1	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTRACRANIA	1 Aneurysm
Also, ire of an nounce attend		LEADING TO DEATH	(A)IMMEDIATE CAUS	E AnteriorCo	immunicating A
		(This does not mean the mode of dying, e.g. heart failure, osthenia, etc. If means the disease injury or complication which caused death.)	/. //	CONSEQUENCE OF:	***************************************
examine () A frac who p who p		ANTECEDENT CAUSES			
Xan Xan Xh Wh	ĺ.	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	CONSEQUENCE OF:	***************************************
- OC E.L. S		UNDERLYING CONDITION last	(c)	*******************************	****************
medical tedical burns; (shysician in was i	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	ATIK	DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************************	***************************************	******************************
E 0 0 5 2 4	CERTIFICATION	19A DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A-AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES
5 d & 5 d 5	1.	21A ACCIDENT WAS UNDERLYING 21E OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Boltimore Cit
by the pital view, when No do be	V	DEATH Indity medical examined 100 etc.			
pe datum (6)	ME	OF INJURY (APPROX.)	INJURY OCCURRED Not While	21F. HOW DID INJU	RY OCCUR?
he hy ray		22. Legarify that (1)(this hospital) attended t		Sent 10	69 = 75
of art of all (e) all (e) h); ch		that (1) (we) last saw the deceased alive on	23 Sept	19 69 and the	t In(my) (aur) apinian
bed int pit pit pit sat		and have and from the causes stated above.((We) (did) (did not) vie	w the body after death.	
ide ide ide ide ide ide ide ide ide ide		() () Our o	Attend		23 B
s response		23C.PHYSICIAN'S NAME (Type)	DEGREE Phys.	D. ADDRESS	hysr
This certificate make body was related shows: (1) An acc was D.O.A. at a deceased prior to written approval		Edward Do LAY	N E GEGREE	Mercy t	-lospitA/
This certil the body shows: (1) was D.O. deceased	6	REMOVAL (Specify)	5.	0	CATION (City, to
This can the bashows was I deced	25A	DATE REC'D BY HEALTH DEEL 255 NAME	HAUGH MONCY	25C. FUNERAL DIRECTOR	BURNIE
₹☆≮☆≯→	Ve	50-REV. 1/1/68	()	Singleton Fu	vertelles
	49	-V-N- To 1/ 1/ 00			

9460 ution: residence before admission) CITY LIMITS? ES 🔀 NO 🗌 f Under 1 Yr. If Under 24 Hrs. Hours Min. 2. CITIZEN OF WHAT COUNTRY? ADDRESS
SAME AS
H. H.
APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH SOF DEATH? ty, give exoct location) death accurred on the date wn, or county) (Stote)

Les Burnie

STATE OF THE PROPERTY OF THE P SHARLS STREET STREET

BALLER X . ON SHIPPERSONS

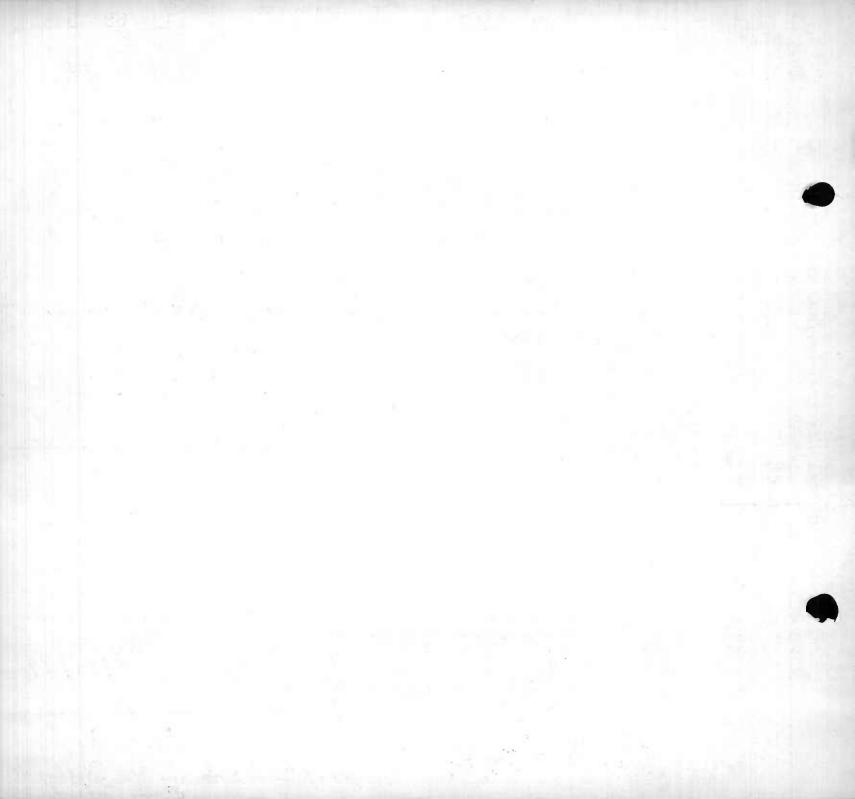
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



NAME OF DEC		g. Zim	nerman	Sep	t. 22,1969	6.30 A		
B. PLACE IN BA	TIMORE, MARYLAND,			4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. I	If institution: residence before odmiss		
FULL NAME OF HOSPITAL OR NSTITUTION			UTION, GIVE STREET	Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 3409 Fairmount Avenue				
3409 F	airmount Ave	nue						
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24		
Male	White	WIDOWED		Jan. 13, 1888	8/	Months Doys Hours Mi		
	working life, even if retired)	Distillers	Balto. Md.	reign country)	U.S.A.		
3. FATHER'S NA	ME	1	SUSCECCION S	14. MOTHER'S MAIDEN N	AME			
	August Zimme	rman.	1 0 1 0 5 7	(hristine				
. Wos Deceoses	Ever in U. S. Armed F.	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
No	(If yes, give wor or do	ites of service)	SECURITY NO.	Minnie (7;	mmanman 241	09 Fairmount Ave.		
18. 1.1 /			CAUSE OF DEATH	1100000 (1 22	THE GILLIE- STO	APPROXIMATE INTERV		
heart failure, injury ar car DISEASES (rise la th	SE OR CONDITION D LEADING TO DEATH nat mean the made of asthenia, etc. Il mean polication which cause ANTECEDENT CAUSE DR CONDITIONS, if e above cause (A) G CONDITION lest	of dying, e.g., as the disease, ad death.)	(B)OR	CONSEQUENCE OF: A CONSEQUENCE OF:	y / lero	· Disease		
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DISEASES (rise la the UNDERLYIN OTHER SIGNIT TO THE DEAL DISEASE OR CONTRIBUTION (APPROX.) 21.A. ACCIDE OF INJURY (APPROX.) 22. I certify that (I) (week)	LEADING TO DEATH nat mean the made of asthenia, etc. Il mean inplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e above cause (A) G CONDITION last. FICANT CONDITION S CONDITION GIVEN IN PACE OPERATION 198. CONDITION GIVEN IN PACE OPERATION 198. CONDITION GIVEN IN PACE OPERATION (Month) (Doy) (Year that (I) (*his hospitalist sow the decease of from the causes structure.)	of dying, e.g., is the disease, id death.) S any, giving the disease, id death.) ONTRIBUTING THE TERMINAL ART 1 (AI. NOTION FOR V. REFORMED 218. hom etc.) (Hour) 21E. Whi Wor	(B) DUE TO, OR AS A (B) DUE TO, OR AS (C) OF INJURY (e.g., in the last of th	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID in 19 69 ond the wind body ofter death	No) 208, IF YES, WE IN CERTIFYING (If in Bolting of the state of the	more City, give exact location) 9 22 opinion death occurred an the a		
DISEASES (rise la th UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR CONTRIBUTE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (week)	LEADING TO DEATH nat mean the made of asthenia, etc. Il mean inplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e above cause (A) G CONDITION last. FICANT CONDITION S CONDITION GIVEN IN PACE OPERATION 198. CONDITION GIVEN IN PACE OPERATION 198. CONDITION GIVEN IN PACE OPERATION (Month) (Doy) (Year that (I) (*his hospitalist sow the decease of from the causes structure.)	of dying, e.g., is the disease, id death.) S any, giving the disease, id death.) ONTRIBUTING THE TERMINAL ART 1 (AI. NOTION FOR V. REFORMED 218. hom etc.) (Hour) 21E. Whi Wor	WHICH OPERATION PLACE OF INJURY (e.g., infection, foctory, street, offectory, street, offectory) INJURY OCCURRED Le At At Work At Work DEGREE Phys.	20A. AUTOPSY? (Yes or or obout 21C. WHERE DID in 19 69 ond sew the body ofter death	No) 20B. IF YES, WE IN CERTIFYING (If in Boltin NJURY OCCUR? that in (my) (our) of the phys.	more City, give exact location) 9 22 1963 pplinten death occurred an the exact location of the second occurred and the exact location of the second occurred occurred on the exact location of the second occurred occurred on the exact location occurred on the exact location occurred occurred on the exact location occurred occ		
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DISEASES (rise la th UNDERLYIN OTHER SIGNITION TO THE DEA' DISEASE OR (19A-DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 21. L certify that (1) (and haur an 23A. SIGNATURE) 23C. PHYSICIA NAME (1)	LEADING TO DEATH nat mean the made of asthenia, etc. II mean inplication which cause ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A) or cause	of dying, e.g., is the disease, and death.) So any, giving the stating the st	DUE TO, OR AS A (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in e., lorm, foctory, street, off INJURY OCCURRED le At At Work At Work DEGREE Attended Attended DEGREE DEGREE DEGREE Attended DEGREE DEGREE DEGREE DEGREE DEGREE DEGREE DEGREE Attended Attended DEGREE	20 A. AUTOPSY? (Yes or or obout 21 C. WHERE DID INJURY OCCUR? 21 F. HOW DID IN 19 69 ond of the bidg. Med. Director Dir	No) 208, IF YES, WE IN CERTIFYING (If in Boltin In In In In In In In In In In In In In	more City, give exoct locotion) 7 22 1963 oplinion deoth occurred an the 23B. DATE SIGNED 9/23/69 Balto., Md. 21213 (City, town, or county) (Stot.		

Coronary Fleronders. Orlersonkerte C.V. Desses

18/6 19 3/9 78/A

13 Ferras

S-120 69 9165 BALTIMORE CI	ITY HEALTH DEPARTMENT
BIRTH NO. 69 9465 CERTIFIC	ATE OF DEATH REG. NO. 69 9465
1. NAME OF DECEASED (Type or Print) Stage Mary	Sept. 21 1969 1 10:50 P
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	Maryland C. CITY OR TOWN Baltimore, Md. D. INSIDE CITY LIMITS? YES TO NO
33 & and Calment Sts.	E. STREET AND NUMBER 3608 Mary Are
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	C-1-92 loss birthdoy Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI done during most of working life, even if retired) Housewife	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY AND AND AND AND AND AND AND AND AND AND
13. FATHER'S NAME JOSEPH Bensech	14. MOTHER'S MAIDEN NAME Antonia 10 / Known
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown!) (If yes, give wor or dates of service) NO	17. INFORMANT ADDRESS Mr Andrew A Supik Same
18. CAUSE OF DEA	•
injury or complication which caused death.) ANTECEDENT CAUSES	BROWCHORNEUKONIA
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	7.4.
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY tends of Contributing Cause of Cause of Ca	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID (If in Baltimare City, give exact lacation) allice bldg., INJURY OCCUR?
DEATH (notify medical examiner) O	allice bldg. INJURY OCCUR?
21D. TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Month At Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	Aug. 25 19 69 to Sept 2/ 19 69
and haur and fram the causes stated above. (i) (We) (did) (dld nat)	
23C. PHTSICIAN'S NAME (Type)	Hending Med. Shoff Phys. Supply Suppl
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C. REMOVAL (Specify)	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial 9/25/69 Holy Redeemer	Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR	Leonard J. Ruck Inc. Baltimore, Maryland

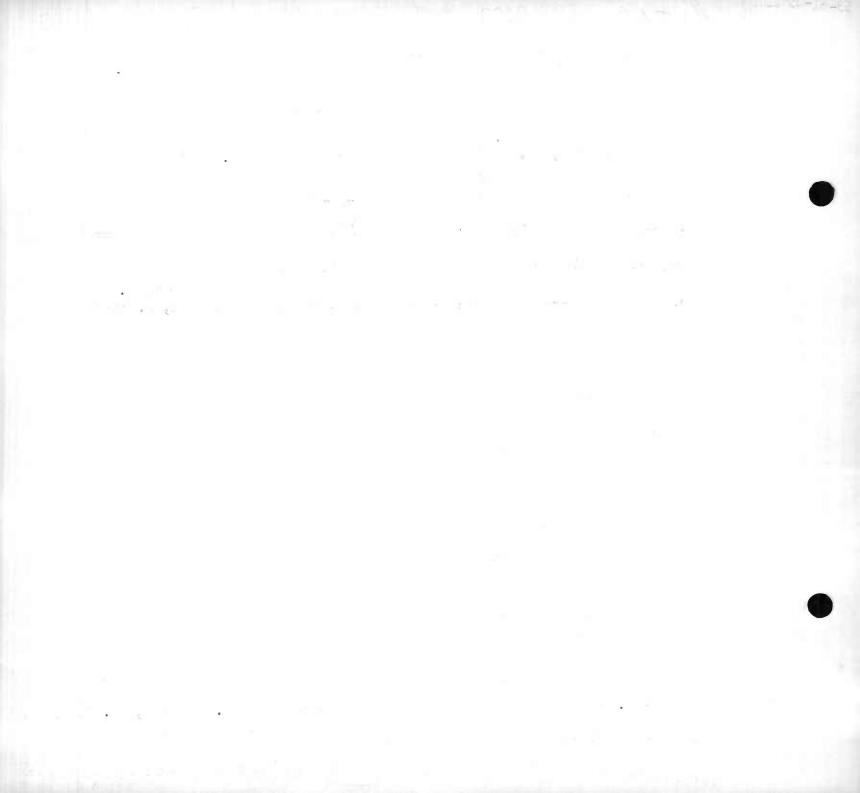


IMPORTANT

DIRECTOR:

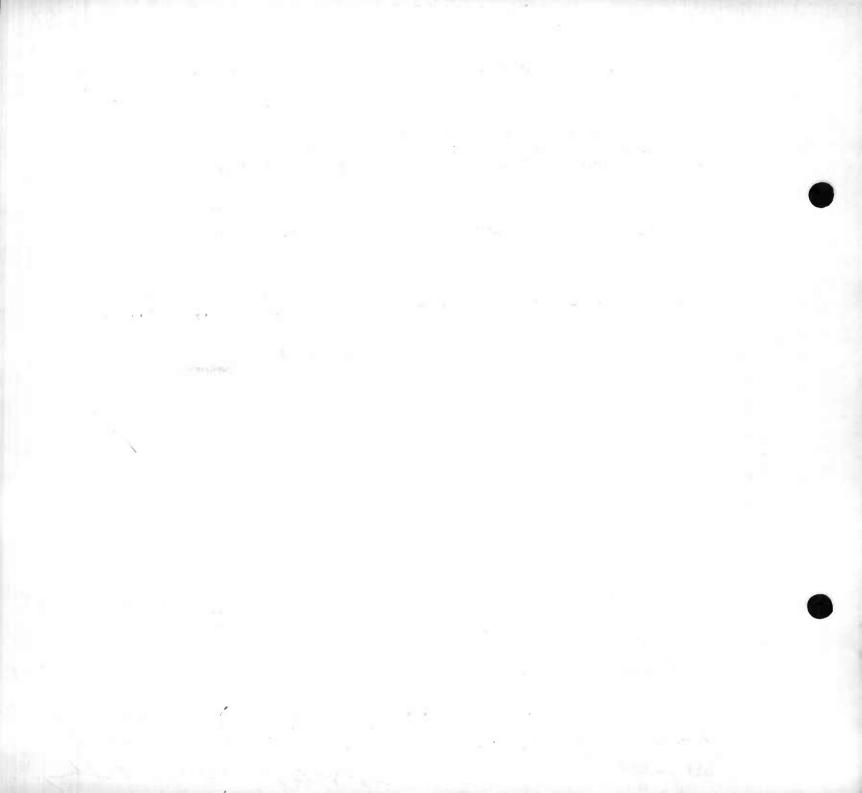
FUNERAL

approved

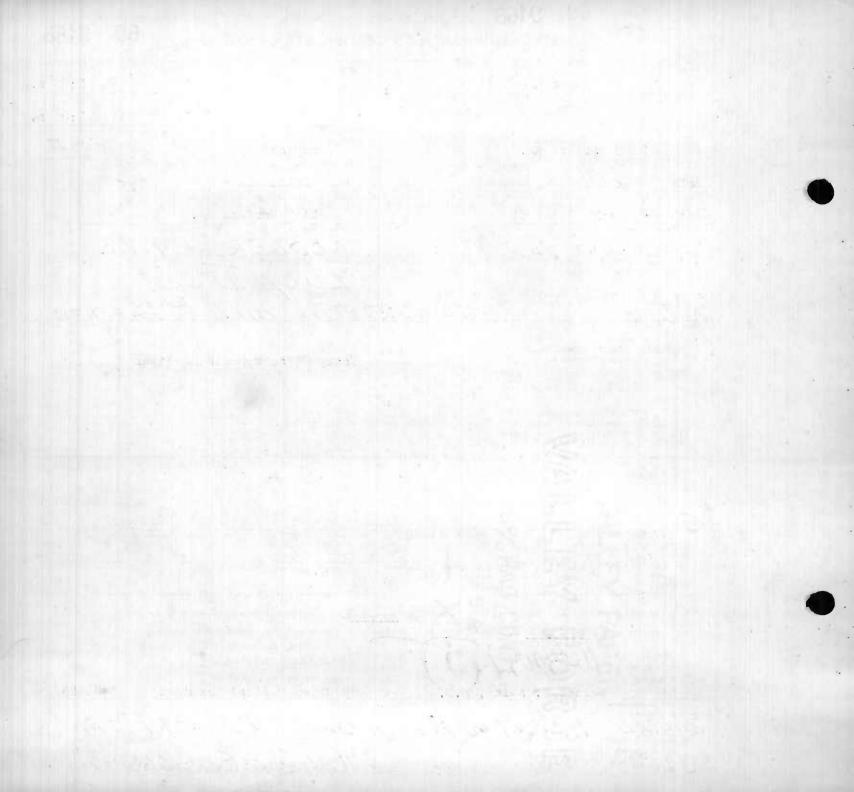


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

P-200 69	946/	TY HEALTH DEPARTMENT ATE OF DEATH REG. NO.	69 9467
BIRTH NO.	CEKTIFIC	ATE OF DEATH A REG. NO	
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEAT	н
PUGH. Ernest S	Stanford	September 15, 19	069 8:15 A A
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution residence before admission
INSIIIUIION	AL OR INSTITUTION, GIVE STREET ATION)	Maryland Baltimore c. CITY OR TOWN	5300 SIDE CITY LIMITS?
2 3900 Loch Rave	Mary	Baltimore E. STREET AND NUMBER	YES NO X
Baltimore, Mar		8200 Pulaski Highway	
Male White	7- MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) \$6	Months Doys Hours Min.
one during most of working life, even it relifed)		Y 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
Carpenter	Construction	Volney, Virginia	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Walten Duch			
Walter Pugh Was Deceased Ever in U. S. Anned Fore	2	Laura	
res, no or unknown) (If yes, give wor or dote: Yes 6/3/43 - 10/	S of service) SECTION NO	VA Hospital Reco	
118. / 6 0 / 1	CAUSE OF DEA	3900 Loch Raven Blvd., Ba	
DISEASE OR CONDITION DIR	ECTLY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)MMEDIATE CA	use Alveolar cell carcinoma	2 years
(This does not mean the mode of	GVIDO. e.d.	A CONSEQUENCE OF: With metastas	2 ,000
heart loiture, osthenio, etc. It means	me assease, death.	aron medasidas	-5
ANTECEDENT CAUSES			
	(B)		
DISEASES OR CONDITIONS, il o nise to the obove cause (A) UNDERLYING CONDITION last,	sioning inte	S A CONSEQUENCE OF:	***************************************
- Just	(C)		
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION GIVEN IN PART	E TERMINIAL		
	1 (A).		
WAS PERFO		20A-AUTOPST? (Tes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nosity medical examiner)	218 PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	n or obout 21C, WHERE DID MI to Politice	re City, give exact location)
21D. TIME (Month) (Dov) (Teor)	(Hour 21E INJURT OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Whi	le 🔲	
22. I certify that (1) (this hospital)	ottended the deceased from Sc	ptember 8th 19 69 to Sept	tember 15th 60
that () (we) lost saw the deceased	olive on September	5th 19 69 ond that in (my) (our) opi	inion death occurred on the date
ond haur and from the couses state	ed obove. (1) (We) (did) (4)/d/n6)	view the body after deoth.	
23A. SIGNATURE			23B, DATE SIGNED
Spiriles C.	Alfelin DEGREE Phy	ending Med. Staff X	September 15, 1969
23C. PHTSHCIAN'S NAME (Type)		3900 Loch Raven Bot	
CHARLES I	E. DEFELTCE, M.D. DEGREE		
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL CREMATION, 24B. DATE	24C.NAME of CEMETERT OF CR	Baltimore, Maryland	ity, town, or county) (Stote)
A. DATE REC'D BY HEALTH DIPT.	NAME OF PROJECT RAR	25C. BUNERAL DIRECTOR	ADDRESS, MA
SEP 25 1969 (4048 C)		part 1 Benno 263	J. Conthung 8



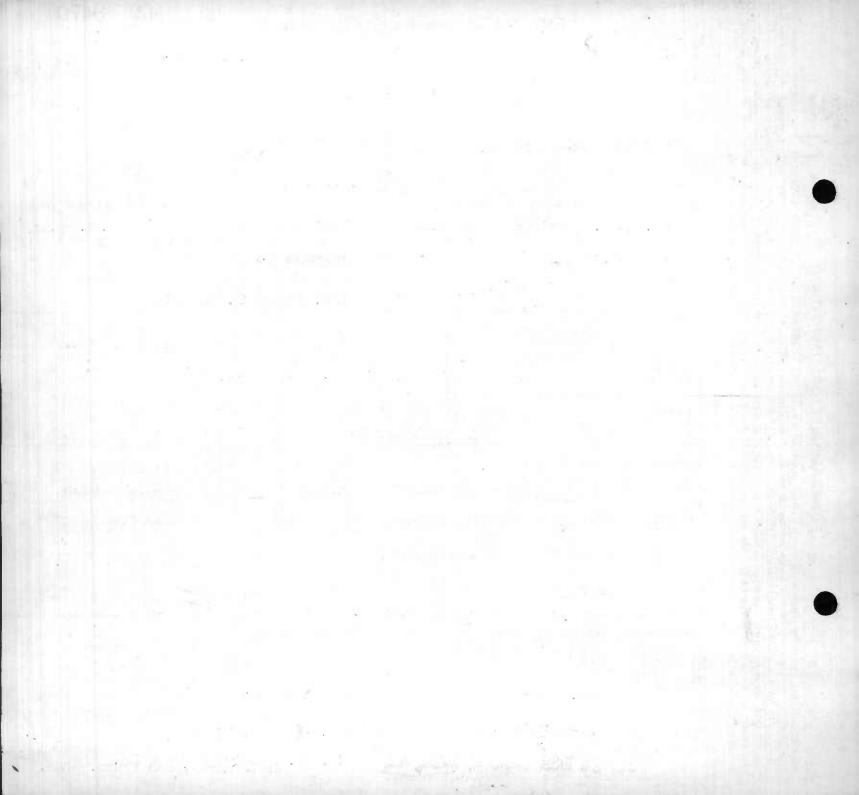
H-40	00 69	9468	BALTIMORE CITY HE	ALTH DEPAI	RTMENT			CO	0.40	0	
6.	ME	DICAL	EXAMINER'S C	CERTIFIC	CATE OF	DEAT	H REG. NO.	69	946	3	
I. NAME OF DE (Type or Print)	1. NAME OF DECEASED				Known 🖾	Month 9	23	Year 69	Hour 2:05	a	
4. PLACE IN BA	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					Month	Doy	Yeor	Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					JNCED DEAD	9	23	69	2:05	a . _M	
OO 2143 Harford Rd.					A. STATE Maryland B. COUNTY B. COUNTY						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED					C. CITY OR TOWN D. INSIDE CITY LIMIT						
male	colored	Baltimore				YES NO					
9. DATE OF BIR	lost birtho	(In years In M	Under 1 Yr. If Under 24 Hrs. onths: Doys: Hours: Min.	E. STREET	ND NUMBER	ford R					
	State or foreign country)		. CITIZEN OF	13. FATHER		LOLG K	u •				
CUMBE	Plann 1	10	WHAT COUNTRY?	F	BDGF	P	1-1	111			
14A.USUAL OCCI	JPATION (Give kind of wor	k 148. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NAM	ME	7		•		
done during most of	working life, even if retired)		1	INCV	18	ENI	/			
16. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL	IB. INFORM	MANT	1	2/4	DRESS			
(Yes, no or unknown	(If yes, give wor or dote	s ol service)	230-36-308	ファフ	TIF H	11	219	SAPF	SPA	R/	
19.	118		CAUSE OF DEA	TH	1 / / /				PROXIMATE IN		
DISTA	SE OR CONDITION DIR	FCTIV						BEIM	EEN ONSET AN	ND DEATH	
DISEA	LEADING TO DEATH	ECILT	/.NIMMEDIATE (AlleFatt	y metamor	phosis	of live	er			
heort foilur	not meon the mode of c e, osthenio, etc. It meons t mplicotion which coused d	he diseose,		AS A CONSEQ					o oco o o o o o o o o o o		
	NTECEDENT CAUSES		(B)	AS A CONSE					our das 100 das 100 das das das das das das das das das das	das das das sussesso das das das da d	
RISE TO TH	OR CONDITIONS, IF ALL	ATING THE	DUE 10, OK	AS A CUNSE	QUENCE OF:						
Z	NG CONDITION LAST.		(C)								
() TO THE DE	II VIFICANT CONDITIONS (ATH BUT NOT RELATED TO	O THE TERMIN									
Barri I	F OPERATION 208. CO		OR WHICH OPERATION WA	AS PERFORN	ED			21. AUTO	PSY? (Yes o	r No)	
0 2											
ZZA EXTER	RNAL CAUSE WAS	22 hc	B. PLACE OF INJURY(e.g., ome, farm, factory, street, offic	in or obout 2 e bldg., etc.) 11	2C. WHERE DID ((If in Boltimor	e City, give exo	yes (t locotion)			
Q UTING □ C	AUSE OF DEATH.										
OF INJURY (APPROX.)	(Month) (Doy) (Ye			WHILE	2F. HOW DID IN	JURY OCCL	JR?				
23.		m	. WORK L AT W	ORK							
I cer	tify that I held an	Inquiry [Inspection Au	topsy X	ond that an th	nis basis,	deoth In my	oplnion			
resu	Ited from: Netural co	uses X	Accident Suicid	le Ho	micide 🗌 📗	Undetermis	ned manner]			
	Tinge	. /	152		CHIEF MEDICAL E	XAMINER			DATE CICA	IED	
ACTUA SIGN AT	11 11/3	WY	W M.D	ASSI	STANT MEDICAL E	XAMINER			DATE SIGN	IED	
EXAMIN					CIATE MEDICAL E	XAMINER					
NAME (Type) Werner 1	J. Spit			hief Medi	cal Ex			9/23/	69	
24A. BURIAL CRE		7-19	24C. NAME of CEMETERY	or CREMATO	24D. I	LOCATION	(City, town	, or county)	(Stot	e)	
25A DATE REC'T	BY HEALTH DEPT.	LASE ANA	ME-OF-REGISTRAR	1250	UNERAL DIRECTO	DR.	1001	DDRESS	1115	-	
SEP 25	969 Palent E	faiber		1	alvin A	3.50	Rubb	SÍ	rest	Lon	
VS 151-REV. 1/1/6	В	, ()	* 1100			/					



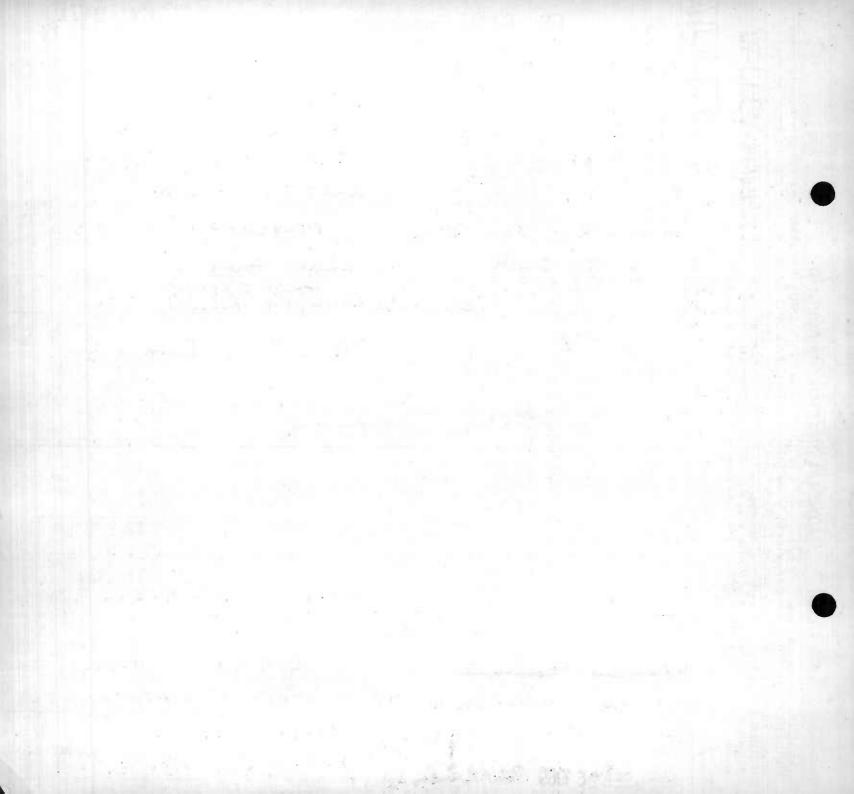
A-536	6	946	9 BALTIMORE CITY HE EXAMINER'S	ALTH DEPA	RTMENT	DFAI	Н	6	9 9	MEG
BIRTH NO.		MEDICA	- EXXIVIII VER 5 V	CLKIIII	CATEOI	עבאו	REG. NO		9	400
1. NAME OF DECE				2. DATE	Known 🖾	Month	Day	Year	Hour	
	Bubber A			OF DEATH	Estimoted	9	22	69	11:55	A .M.
			RONOUNCED DEAD	3. DATE	UNCED DEAD	Month	Doy	Year	Haur .	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS C	R LOCATION)	TITUTION, GIVE STREET		RESIDENCE (When	9 e dece osed	22 ived. If institution	69	11:55	M
	Saratog	ga St.		A. STATE	Maryland		B. COUNTY	/	801	/
6. SEX	7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OF	NWOT		D. INSIDE C	ITY LIMITS?		
Male	Negro	WIDO	WED DIVORCED		Baltimore		V	ES X	NO 🗆	
9. DATE OF BIRTH		AGE (In years birthday) 61	If Under 1 Yr, If Under 24 Hrs. Manths: Days Hours Min.		W. Sarato	oa St				
11. BIRTHPLACE (St.	1	2174	12. CITIZEN OF WHAT COUNTRY?		'S NAME	84 54				
	ATION (Give kind	of work 14B. KIN	OF BUSINESS OR INDUSTR	V 15. MOTHE	R'S MAIDEN NA	ME				
				De	1 know	4			v	
16. WAS DECEASE (Yes, no or unknown)				18. INFOR	MANT	maily to a	A	DDRESS		- 44
19.	5 27		CAUSE OF DEA	TLI	*	4			PROXIMATE IN	TERVAL
7 100	1/1			-)	- 21		BETW	EEN ONSET AN	
	OR CONDITIO		Arterios	cleroti	c cardiov	ascula	r disea	se		
	EADING TO DEA t mean the mod		(A)IMMEDIATE		4 7	No. of Street, or other Persons				
heart foilure,	asthenia, etc. It m	eons the disease.	DUE TO, OR	AS A CONSEC	QUENCE OF:	1		7-1		
injury or cami	plication which co	used death.)			2 1	1	7	23.7	10.6	
AN	TECEDENT CAU	SES	(8)			(Inches)				
DISEASES O	ABOVE CAUSE	IF ANY, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				***************************************	
UNDERLYING	G CONDITION	LAST.	(C)		1			19/16	7	1
<u>ó</u>			(0)							
OTHER SIGNI	II FICANT CONDITI	ONS CONTRIBU	TING		white he					100
O THE DEAT	H BUT NOT RELA	TED TO THE TERM	MNAL Fractur	e of ri	.Ъ.				11	
			FOR WHICH OPERATION W	AS PERFORM	AED			21 AUTO	PSY? (Yes a	r No)
8 2			TOR TIMES OF ERAMON II	TO LEKT OK	NED .				No the	110)
₹ 22A. EXTERN	IAL CAUSE WAS		22B. PLACE OF INJURY(e.g.,	in as abaut	OC WHERE DID	/IC - D III			es	
UNDERLYING	OR CONTRIB		home, form, foctory, street, affic	e bldg., etc.)	NJURY OCCUR?	(If in Bollime	re City, give ex	oct location)		
DE INJURY	Aanth) (Day)	(Yeor) (Hou			22F. HOWDID IN	JURY OCC	UR?			-
(APPROX.)				WHILE ORK						
23.	4.436									AU.
1 certif	fy that I held	on Inquiry	Inspection Au	topsy 🗶	ond that on t	his basis,	deoth in my	opinion		
resulte	d from: Natur	al couses		le H	omicide 🗌	Undeterm	ned monner			
		1			CHIEF MEDICAL E	XAMINER	X	1944 7-17	1.5	
ACTUAL		LAN	interest	ASS	STANT MEDICAL		ī		DATE SIGN	IED
SIGNATUI		-1/0-	M.C	•					9-22-69	9
NAME (Ty		ell S. F	isher, M.D.	A550	OCIATE MEDICAL E	AMINER				
24A. BURIAL CREM	ATION, 248. I		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county)	(Stote	e)
REMOVAL (Specify) @	11.	Smr Da	/)	0	1	410	10	,
OF A DAYS DEGIT	7/	25/69	I'm. als	dy (er (ed	219	ru	1	
25 A. DATE SECON	THEAT H DEN	56 St See	AME OF REGISTRAR	25C.	FUNERAL DIRECT	OR -	-/	ADDRESS		17.5%
L 70 1303	Jacoby .c				PSA	10	3N	0.		
					a della		SOUL	-		

proceeding the manufacture of the same 9/25/69 Mr. Calmy Com. Cadas Hill 8 les " O. 3/2 len ...

VS 150-REV. 1/1/6B



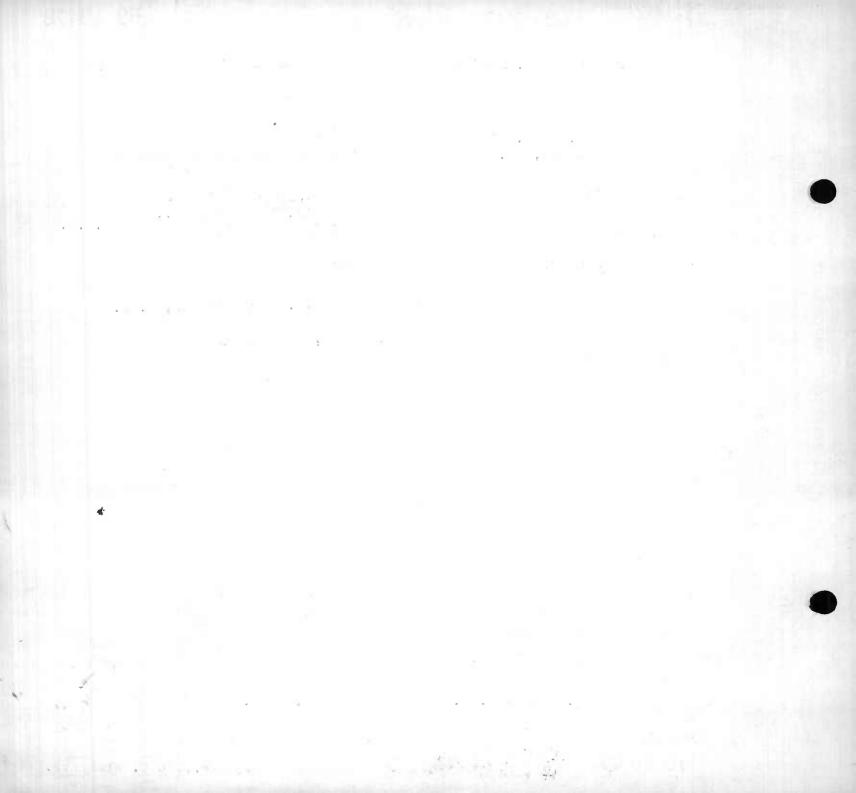
11-670	1	BALTIMORE CITY HEALTH DEPARTMENT REG NO 69 9471
HISTOR	.5	09 94/1 CERTIFICATE OF DEATH
oital and of death Deceased		RTH NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
deat deat n th		September 24 69 11:20 AM
و د و و		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
- L	5	A. STATE B. COUNTY 826 Cedar craft Road
Se Se	0 F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY CAND
a ho cause se; (5	0	OSPITATION C. CITY OR TOWN D. INSIDE CITY LIMITS?
L Sc L	. "	Montebello State Hosp BACTIMORE YES NO DE STREET AND NUMBER
ing ing	0	
	0 0	
ibu	d per	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 14 Under 24 Hrs. Months; Doys Hours; Min.
occurre contribut termined	ma	F WIDOWED DIVORCED 2-27-04 65
0 0 0 0		A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
# 19 E	0 0	House wife Own Home MARY LAND U.S.A
S no e	D := 15	Housewife Own Jome MARY LAND U.S.A.
if c	the	
F 1:50	dis	George G. Smith Anna Houson
A P P P P		Was Deceased Ever in U. S. Armed Forces? as, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.
IMPORTANT or his assistant Also, if the dir o of any kind; (final	se, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 214. 22-9286 (Italian of Received) (Same)
A t t	E T	18. // S S I CAUSE OF DEATH APPROXIMATE INTERVAL
P S S	or	DISEASE OR CONDITION DIRECTLY
S h of	e d	LEADING TO DEATH (A) IMMEDIATE CAUSE PSeudoballer Palsy yrs
- PA P	T at	(This does not mean the made at dying, e.g., Due to, or as a consequence of:
5 - 5 - 5 - 5	bal	hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)
O in in B	3 E	
F F F S	0 0	(B) Multiple Blance
DIRECTOR: ical examiner al examiners; (3) A fractu	_ D	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the
₹ 100 E	.E 2	UNDERLYING CONDITION losi. (C)
D ici	was	
did	≯ E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
S E e d	cian ne re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL (DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERAL chief med y a medi Body bur	ici Phe i	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY (Yes for No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
4 4 % #	6 2	$\alpha / - \alpha$
Fe (2)		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Baltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
FB 3.8		DEATH (notily medical examiner) etc.)
9 9 3 3	70 6	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
at at	9 =	OF INJURY While At Not While At Work At Work
> = = =	ind (6) btaine	
Pt C C	0 0	22. I certify that (this haspital) attended the deceased from 6 7 19 19 69 to 9 - 24 19 69,
g 0 + 0		that (1) (we) last saw the deceased alive an Sep TEMBER 19 69 and that in (my) (aur) aplnian death accurred an the date
be nito	eath) ust be	and have and from the causes stated above. (+) (We) (did) (did not) view the body after death.
it l		23A, SIGNATURE 23B, DATE SIGNED
must eleas ccide		Wham wed Ingratacent me Attending Med. Staff Phys. Staff Phys. Staff Phys. Staff Phys.
	+ 0	23C. PHYSICIAN'S NAME (Type)
at a a t	prior	MINIONTE GELLO STATE HOSPITAL
E S K	<u> </u>	DEGREE DEGREE
certificate oody was 1 vs: (1) An a	00 2	AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)
certi body ws: (1	er	Burial 9-29-1969 Lorraine Park Cemetery Balto., Co., Md.
>	deceased written a	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 490RESS H. W. Jenkins & Sons Co. 21212
This the sho	\$ 3	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 4905 York Road Balto., Md.



Such

1 - 12	20 00	0.45	BALTIMORE CITY	HEALTH DEPARTMENT		60 0450
1-10	69	347	CERTIFICA	TE OF DEATH	REG. NO	69 9472
NAME OF D	ECEACED					
Type or Print)	ECEASED			2. DATE A	ND HOUR OF DEATH	
	Miss Julia			9-21-	1969	9:15 A
3. PLACE IN B	ALTIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceosed lived. If in	stitution: residence before admission
				Maryland		11111
FULL NAME C HOSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET		1=	1402
NOITUTITEN	Keswick			C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
CII	700 W. 40	14h C+-		Baltimore		YES X NO
71			reet	E. STREET AND NUMBER		
	Baltimore	, Md.		Calvert Cou	irt Apartmen	ts
- SEX	6. RACE	7. MARRIED	NEVER MARRIED Y	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
			= =			
DA HEHAL OC	White	WIDOWED	DIVORCED	July 13,1887	82 yrs.	The Civitan of Wilder County
one during most	of working life, even il retired)	IND O	BOSINESS OK INDOSIKI	July 13.1887 U. BIRTHPLACE Stote or for Capahosic, Glor	ucester Co	12. CITIZEN OF WHAT COUNT
				Virginia		U.S.A.
Dressm 3. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	AME	
Willia	m Henry Davie	es		Indiana Hugh	es	
5 Was Decease	ed Ever in U. S. Armed Fo	vco = ?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Carno or Gurdo.	765, give wor or dole	o service/	SECURITY NO.			
			217-01-9676	A Mrs. Ma:	ry DiPaula.	R. N.
1B. 4 0	4 X 1		CAUSE OF DEAT	H 1 - Too Par	F. Ondalia	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	IRECTLY	A			
	LEADING TO DEATH		(A) IMMEDIATE CAL	scular rence	e descon	e / lpls
	s nat meon the made of		DUF TO OR AS	A CONSEQUENCE OF:		
	re, asthenio, etc. It means					
infuly of C	complication which coused					
	ANTECEDENT CAUSES	S	(8)			
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	the abave cause (A)	stoling the				
UNDERLYI	NG CONDITION last.		(c)			
	II II					
OTHER SIGN	NIFICANT CONDITIONS CO	ONTRIBUTING				
TO THE DE	ATH BUT NOT RELATED TO 1					
19A. DATE	OF OPERATION 19B. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE F	INDINGS CONSIDERED
1	WAS PER	RFORMED		20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	JSES OF DEATH?
O THER SIGN TO THE DE DISEASE OF 19A. DATE	DENT WAS HADERIVED	lan	DI ACE OF MILLIAN	n or shout 21C WHERE DID	112 / D. I.I.	Cht A
_ OR CONTR	DENT WAS UNDERLYING TO BUTTING CAUSE OF	horr	ie, lorm, foctory, street, o	ffice bldg., INJURY OCCUR?	(It in Boltimore	e City, give exoct location)
	tify medical examiner)	etc.				
Q 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21s	INJURY OCCURRED	21F. HOW DID IN	ILLRY OCCUP?	
21 D. TIME OF INJURY			ile At Not Whil		JUNE OCCUR.	
(APPROX.)		Wo	rk At Work			
22 1	ify that (1) (this hospita	1) assaudul :	he deserred from	14.	19 64 ta	21 Sept 1969
ZZ. I certi	ity inot (i) (this hospita			1- 1/1		7
		ed alive an	21 tege	19 69 and t	hat in(my) (our) api	nian death accurred an the do
that (I) (w	ve) lost saw the decease					
			(We) (did) (did not)	view the body after death		
and haur o	and from the causes sto		l) (We) (did) (did nat) v	view the body after death.		22R DATE SIGNED
	and from the causes sto	oted abave. ((,]			23 B. DATE SIGNED
and haur o	and from the causes sto	oted abave. (e Mi) Atte	onding Med. Director	S Naff Phys.	23B. DATE SIGNED 21 Sept 69
and haur of 23A. SIGNA	and from the causes sta STURE Harved P	oted abave. (Q MD Atte	ending Med.	Staff	
and haur o	and from the causes sta NTURE Harved P. CIAN'S (Type)	ind above.	Q M DEGREE Phy	ending Med. Director	Staff	
and haur of 23A. SIGNA	and from the causes sta STURE Harved P	ind above.	Q M DEGREE Phy	ending Med. Director	Staff Phys.	
23A. SIGNA 23C. PHYSIC NAME	CIAN'S Harold P. Bi REMATION, 1248, DATE	iehl, M.	Q MD AHE	Med. Director 23D. ADDRESS 700 W. 40tl	Staff Phys. n. Street	
23A. SIGNA 23C. PHYSIC NAME 4A. BURIAL C REMOVAL	CIAN'S (Type) Harold P. Bi REMATION, 24B. DATE	iehl, M.	D. DEGREE	Med. Director 23D. ADDRESS 700 W. 40tl EMATORY 24D.	Staff Phys. n. Street LOCATION (Ci	21 Sept 69 ly, town, or county) (State)
23A. SIGNA 23A. SIGNA 23C. PHYSIC NAME 4A. BURIAL C REMOVAL	cond from the causes storage of the cause of the cause of the causes storage of the causes of the caus	iehl, M.	D. DEGREE Phy DEGREE Phy DEGREE AME of CEMETERY of CRI CEN Mount Cre	Med. Director 23D. ADDRESS 700 W. 40tl EMATORY 24D. matory E	Staff Phys. Ch. Street LOCATION (Ci) Baltimore, M	vi Sept 6 9 ly, town, or county) (State) aryland
23A. SIGNA 23C. PHYSIC NAME 4A. BURIAL C REMOVAL	cond from the causes storage of the cause of the cause of the causes storage of the causes of the caus	iehl, M.	D. DEGREE	Med. Director 23D. ADDRESS 700 W. 40tl EMATORY 24D.	Staff Phys. Ch. Street LOCATION (Ci) Baltimore, M	21 Sept 6 9 ly, town, or county) (State)
23A. SIGNA 23A. SIGNA 23C. PHYSIC NAME 4A. BURIAL C REMOVAL	cond from the causes storage of the cause of the cause of the causes storage of the causes of the caus	iehl, M.	D. DEGREE Phy DEGREE Phy DEGREE AME of CEMETERY of CRI CEN Mount Cre	Med. Director 23D. ADDRESS 700 W. 40tl EMATORY 24D. 25C. FUNERAL DIRECTO	Staff Phys. Ch. Street LOCATION (Ci	21 Sept 6 9 ly, town, or county) (State) aryland ADDRESS
23A. SIGNA 23C. PHYSIC NAME 4A. BURIAL C REMOVAL	CIAN'S Harold P. Bi REMATION, 24B. DATE (Specify) ion 9/24/	iehl, M.	D. DEGREE Phy DEGREE Phy DEGREE AME of CEMETERY of CRI CEN Mount Cre	Med. Director 23D. ADDRESS 700 W. 40tl EMATORY 24D. 25C. FUNERAL DIRECTO	Staff Phys. Ch. Street LOCATION (Ci	vi Sept 6 9 ly, town, or county) (State) aryland

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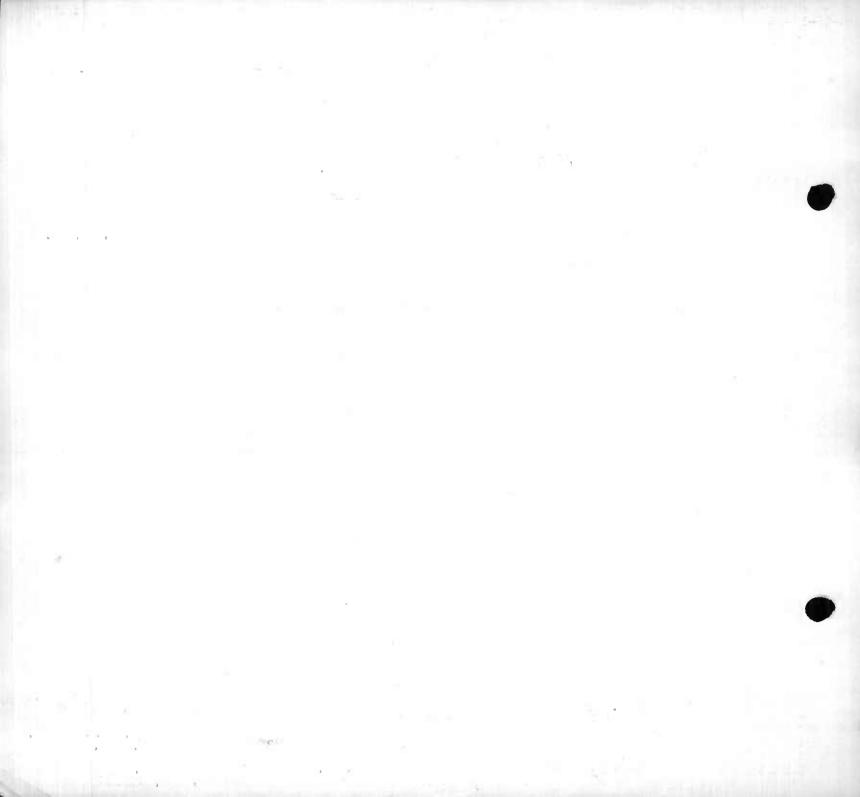
FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO Roland Park Woodlawn Rd. If Under 1 Yr. Months: Doys If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 216-18-0108A Hilary S. Hinrichs, 111 Woodlawn Rd. 21210 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. ACTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED Pikesville, Balto. Co., Md. STEWART & MOWEN CO., 108 W. North AV. CITY 1 19 Without Come Fig. 10 55 AN L

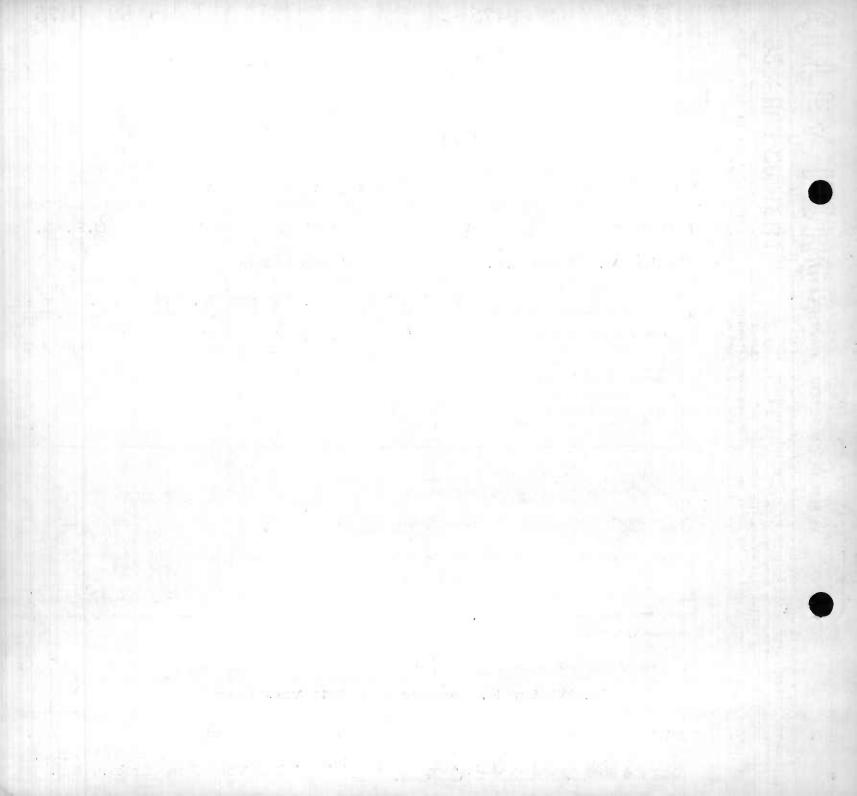
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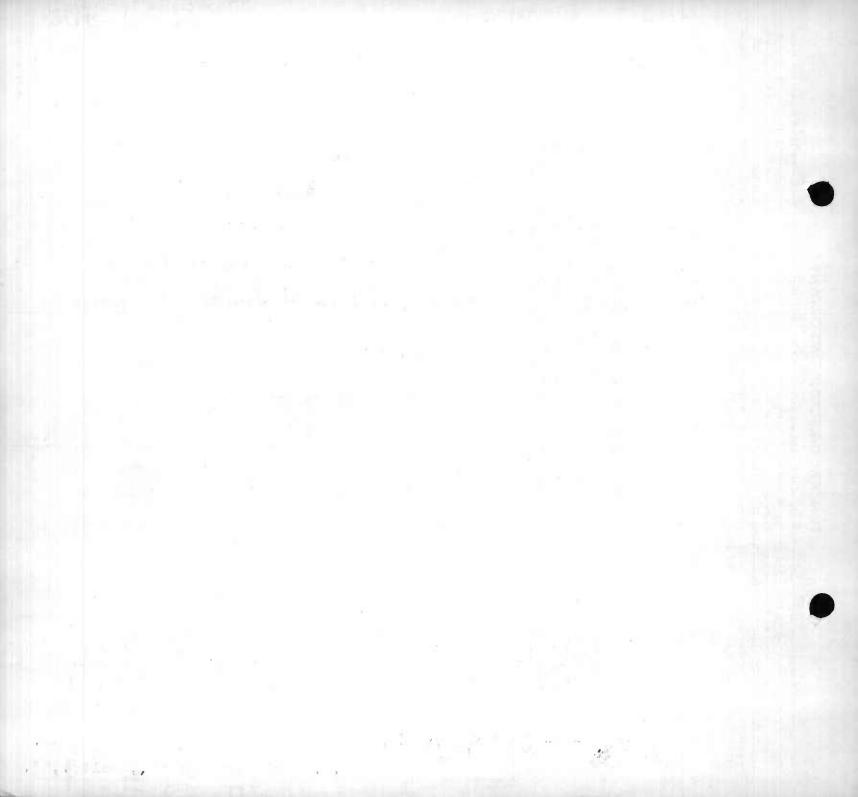
DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



-	1-525 69 9476 BALTIMORE CITY	HEALTH DEPARTMENT		00 0470
-	CERTIFICA	TE OF DEATH	REG. NO	69 9476
	ITH NO.	2. DATE AI	ND HOUR OF DEATH	3 =
(Ту	pe or Print) ROBERT W. JOHNSON J		ember 24,	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUN	1TY	nstitution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION	MARYLAN		27/3
	STITUTION	BALTI MORI		YES NO NO
1	INION MEMORIAL HOSPITAL	E. STREET AND NUMBER	2	
7	4	16 MIDVI	ALE ROA	- D
	SEX M 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. AGE (In years lost birthdoy) 78	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	NUSUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY to during most of working tife, even if retired)			12. CITIZEN OF WHAT COUNTRY?
	PHYSICIAN MEDICAL	MARYLA		AMERICAN
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NA		2
	ROBERT W. JOHNSON	JULIA WAT	TS H.	BROCK
5. Y e	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	JV41	ADDRESS
4	YES WWI 215-40-224	ROSE H. J.	ohnson	SAME
	18. CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	- I Am M. A -	211	
	(This does not mean the made of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	- []-=	
	heart failure, asthenia, etc. It meons the disease, injury or complication which caused deoth.)			
	ANTECEDENT CAUSES PROST	ATE WITH	METASTA	sis
		A CONSEQUENCE OF:		
	rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)			
_				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	NO	IN CERTIFYING CA	AUSES OF DEATH?
	OP CONTRIBITING CAUSE OF home form fectory street	in or about 21 C. WHERE DID	(If in Boltimo	re City, give exoct location)
2	DEATH (notify medical examine)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
2	(APPROX.) While At Work At Work	te 🗌		
	22. I certify that (I) (this hospital) attended the deceased from			prember 2419 69.
	that (1) (we) last sow the deceased alive an September	24, 19 69 and th	nat in (my) (our) ap	inion death accurred an the dote
	ond hour ond from the couses stoted obove. (1) (We) (did) (did not)	view the body ofter death.		
	23A. SIGNATURE PARCE ROLL	and an anal and	C. #	23B. DATE SIGNED
	GEGREE Phy		Staff Phys.	September 24, 1969
	NAME (Type)	23D. ADDRESS UNION	MEMORI	AL HOSPITAL
24/	A-BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CR	EMATORY 24D. 1	OCATION	ity, town, or county) (State)
	remation 9-26-69 Greenmount	B	altimore	Md.
25/	SEPCES 1968 OZBERZE MARE REALDOR	25C. FUNERAL DIRECTO	R	ADDRESS
	SEL VA MOD	H.W.Jenkin	s & Sons (Co., Balto., Md.
	150-REV. 1/1/68			

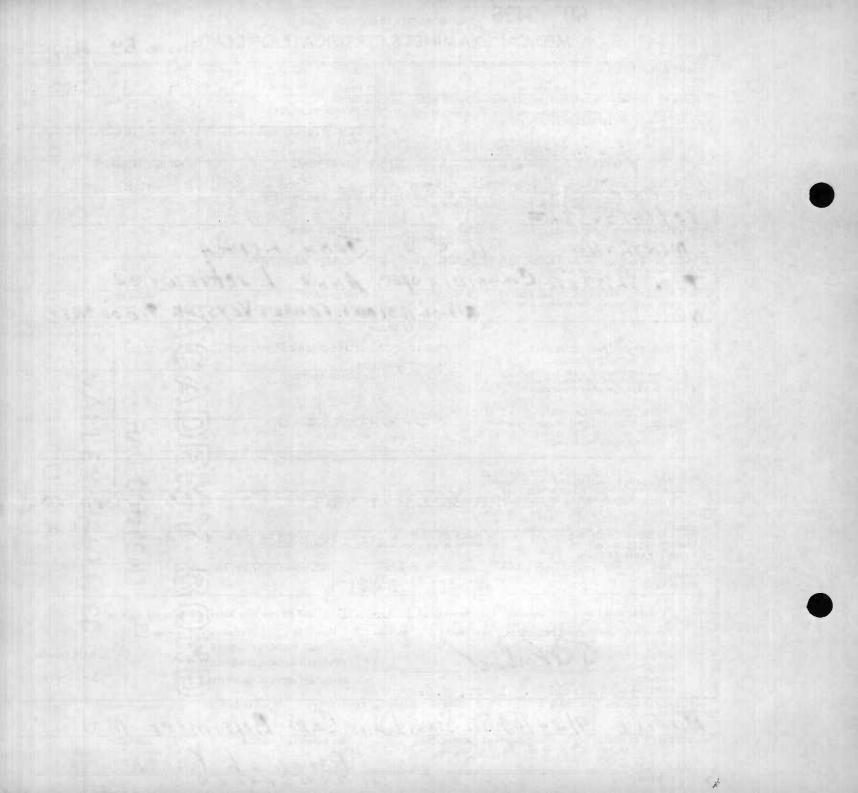


VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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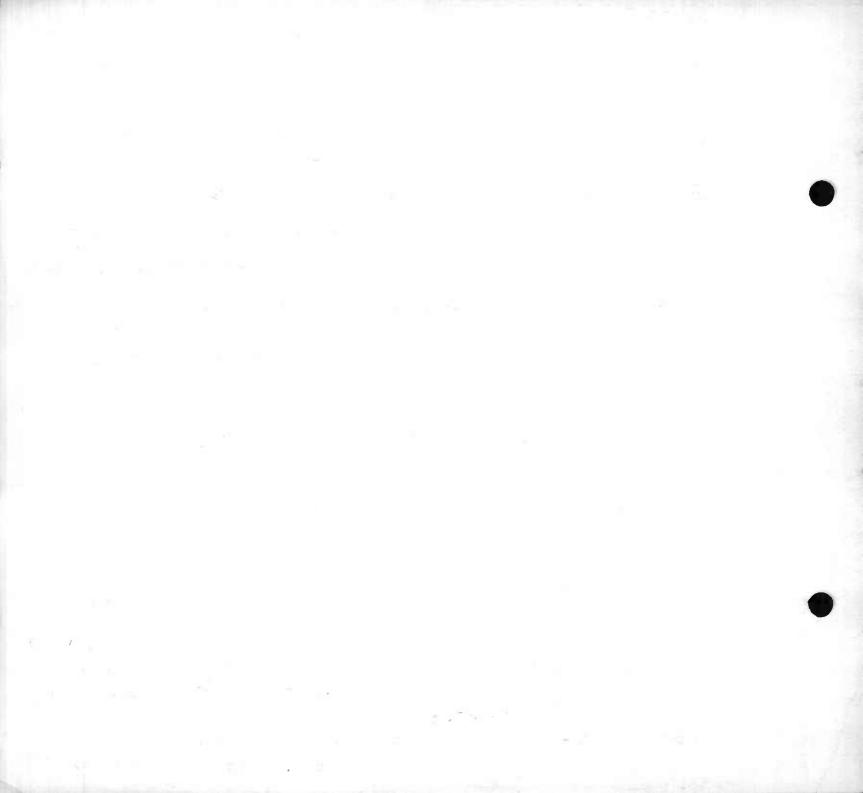
	LTIMORE CITY HEALT							
MEDICAL EXA	MINER'S CE	RTIFIC	ATE OF	DEAT	H PEC NO	69	QAPP.	0
BIKIN NO.					KEG. 140	99	341	3
1. NAME OF DECEASED (Type or Print)	2.	DATE OF	Known 🖾	Manth	Doy	Year	Hour	
Frank Lipka	7	DEATH	Estimated	9	21	69	2:00	P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	1,2	PRONOUN	CED DEAD	Month	Doy	Year	Havr	77.77
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	PRONOUN	CED DEAD				-	м
328 S. Elrino St.		STATE	DENCE (Where aryland		ed. If institution: B. COUNTY	residence b	efare admis	sion)
6. SEX 7. RACE B. MARRIED 1	EVER MARRIED TO C.	CITY OR TO	al .		D. INSIDE CIT	Y LIMITS?	000	
Male White WIDOWED	DIVORCED	D = 1 to 1						
		Balti STREET AN			YE	sk	ио Ц	
	Days Hours Min.							
10/14/96/127			. Elrino	St.				
11. BIRTHPLACE(State or foreign country) 12. CITIZ	AT COUNTRY?	. FATHER'S	NAME /					
MARYLAND 11.	S.A.	JOHI	V LI	PKA				
dane during mast of warking life, even if retired)	INESS OR INDUSTRY	MOTHER'S	MAIDEN NAM	IE /	, ,			
TIN SLITTER COLUM	BIA SPEC.	ANN.	AL,	10K1	EWIL	27		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn)((If yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMAL	VT			DRESS		1
	13-01-11311	IRS. FR	ANCES	EYST	RK 31	3611.	SRYA	N
19.	CAUSE OF DEATH					AP	PROXIMATE IN	
7/8//	Amtoniocol						EEN ONSET A	ND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arterioscle	erotic	cardiova	scular	disease			
(This does not mean the made of dving, e.g.,	(A) IMMEDIATE CAU		VCE OF:					
heart fallure, asthenia, etc. It means the disease, injury or complication which coused deoth.)	20210,000							
						5.00		
ANTECEDENT CAUSES	(8)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR AS	A CONSEQUI	ENCE OF:					
UNDERLYING CONDITION LAST.	(c)							
2								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
DISEASE OR CONDITION GIVEN IN PART 1 (A).								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHI	CH OPERATION WAS	PERFORMED				21. AUTO	PSY? (Yes o	r No)
0 2								
Z 22A. EXTERNAL CAUSE WAS 1228, PLAG	E OF INJURY(e.g., In o	or chout 22C	WHERE DID /	f la Raltimare	City alva avan		yes	
UNDERLYING OR CONTRIB-	m, foctory, street, office ble	dg., etc.) INJU	RY OCCUR?	i in bollimore	City, give exac	Tocumon		
		0.05						
OF INJURY	NJURY OCCURRED		HOM DID IN]	URY OCCU	R?			
m. WOR								
23.		Tara .						
	spectionAutop	sy X	and that on th	is basis, o	leath in my o	plnion		
resulted fram: Natural causes X Accid	lent Suicide	_ Homi	cide 🔲 L	Indetermin	ed manner			
Dul.	/	СНІ	EF MEDICAL EX	KAMINER	×			
SIGNATURE OF When	44.5	ASSISTA	NT MEDICAL EX	CAMINER			DATE SIGN	IED
EXAMINER'S	M.D,	ASSOCIA	TE MEDICAL EX	CAMINED	7		9-22-6	9
NAME (Type) Russell S. Fisher	M.D.	A330C17	TE MEDICAL LA	WHITTE !				
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY or	CREMATORY	24D. L	OCATION	(City, lown,	or county)	(Stot	e) ·
REMOVAL (Specify)	Praviol	100	mD	1/-		AI		- 0
BURIA L 9/24/69 DI.	UIANISINAL	15 CE	11116	11/10	JORE	111	0,	
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF	REGISTRAR	25C. FUN	IERAL DIRECTO	R	AD AD	DRESS	1,	
SEP 25 1989 (Like & Jadon)		RA	mails	6.1	1107	(DOIL)	siti	
VS 151-REV. 1/1/68		25	SELA	EFT		71000	7/1/	



DIRECTOR:

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VS 150-REV. 1/1/68



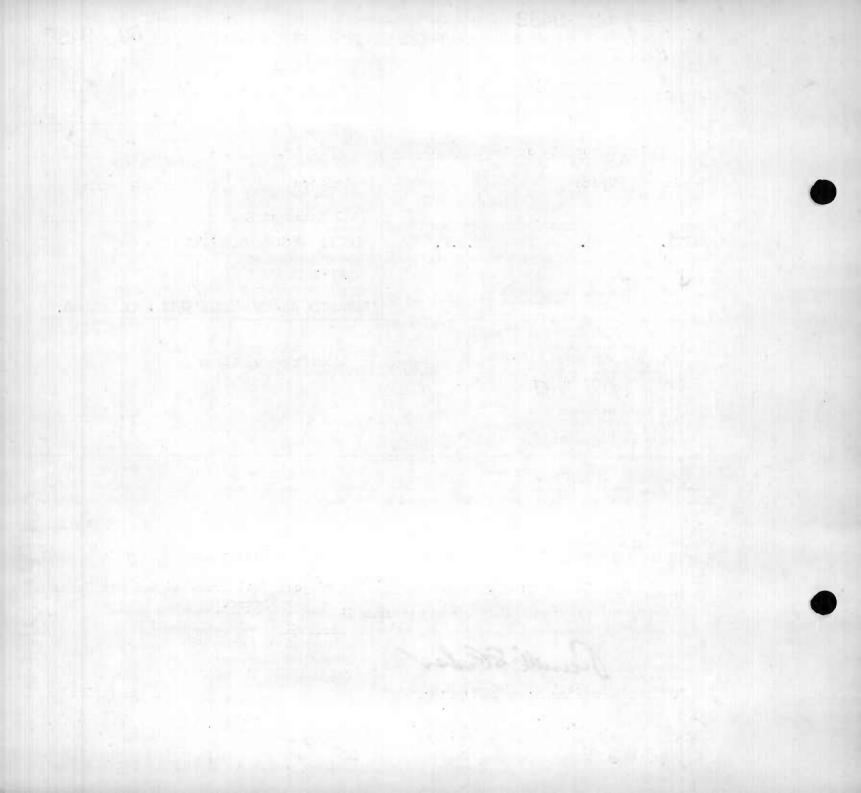
	h-650 69 9	400	HEALTH DEPARTMENT		69 9480
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 5400
(Ty	PBYRNE, JOSEPHINE EMP			MBER 23,	
	PLACE IN BALTIMORE, MARYLAND, WHERE P			ere deceased lived. If in	nstitution: residence before admission)
FL	ILL NAME OF SUFFICIENT HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND	BALTIMORE	COUNTY 530
The state of	OSPITAL OR ADDRESS OR LOCATION)	With the state of	C. CITY OR TOWN		IDE CITY LIMITS?
11	WILKENS & CATON AVEN	NUES	BALTIMORE	J. 1143	YES NO NO
7			E. STREET AND NUMBER		
L	BALTIMORE MD 21229		601 MAIDEN	CHOICE LAN	NE
5.	SEX 6. RACE . 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	T 11 11 1 3 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	FEMALE WHITE WIDG	WED DIVORCED	04 11 89	lost birthdoy)	Months Days Hours Min.
10/	USUAL OCCUPATION (Give kind of work 108, KIN	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY
gar.	HOUSEWIFE		PENNSYLVANI		USA
13.	FATHER'S NAME				USA
	G.		14. MOTHER'S MAIDEN NA	TW1	
	JAMES HANKINSON	DEC'D	ANNIE EMBER	Γ	
(Ye	Wes Deceased Ever in U. S. Armed Ferces? s,ne ar unknown) (If yes, give wor or doles of ser	vice) 1 6. SOCIAL			TIMOREDRINED 21229
	NO	NONE		SPITAL WIL	KENS & CATON AV
	18. 5 7 4. 0	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		0	1 1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		aleest.	least by	Lean !
	(This does not mean the mode of dying,	e.g., DUE TO, OR AS A	CONTECUTATION	act , fu	The state of the s
	heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)	ease,	1	le eyst.	
	ANTECEDENT CAUSES	(V 100	of alies	la pare T.	1
	DISEASES OR CONDITIONS, if ony, g	(B)	A CONSEQUENCE OF:	ce 47 5 (1	0
	rise to the abave cause (A) stoting	the	A CONSEGUENCE OF:		
	UNDERLYING CONDITION last.	(c)		*****************	
-					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMS	ING			
Ā	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************			***********
ERTIFIC/	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ER	O .		NO	SANITING CA	OULD ALL DAVILLE
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exoct location)
CA	DEATH (notify medical examined	etc.)			
MA 1	21D-TIME (Month) (Doy) (Year) (Houd) OF INJURY	21E INJURY OCCURRED	21 F. HOW DID IN.	URY OCCUR?	
3	(APPROX.)	White A1 Not While			
		AT WOR			
	22. I certify that (1) (this hospital) attend		4	1969 to SEP	EMBER 23, 19 69
	that () (we) lost saw the deceased olive			nat In (my) (our) opli	nton deoth occurred on the date
	and have and from the causes stated above	ve. (We) (did) (did)(di) vi	ew the body ofter death.		
	23A. SIGNATURE	// ///	,		23B, DATE SIGNED
	Harreleef !	To Keed al Atten	ding Med.	Stoff Physics	62 03-2069
	23C.PHYSICIAM'S NAME (Type)	DEGREE	Director L	Phys. 🗀	100,50000
		[/		CHOICE 144	IE DALTO ME 0100
		DEGREE	1101 MAIDEN		NE BALTO MD 2122
24 A		C MARAE -1 CELACTERY OPEN	AATORY 24D. 1	OCATION (Cit	
24A	KEINIO A ME (Specify)	C. NAME et CEMETERY et CREA		COMMON (CI	y, town, or county) (State)
24A		Meadowridge Memor	A		
	Burial 9-26-69 DATE REC'D BY HEALTH DEPT. 258, NA	Meadowridge Memor	A	rsey Rd. Ho	
	Burial 9-26-69 DATE REC'D BY HEALTH DEPT. 258, NA	Meadowridge Memor	rial Park Do	rsey Rd. Ho	ward Maryland

the section of the last anger geral i er tra tom en en er tra t

1	1 4-7 4 60	BALTIMORE CITY	HEALTH DEPARTMENT		69	0.404
ВІ	RTH NO. 50 69 948:	1 CERTIFICA	TE OF DEATH	REG. NO	03	9481
	NAME OF DECEASED po or Print Santo Vasta		2. DATE AN	D HOUR OF DEATH		~ .
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	docoosed lived, If in	stitution: reside	ence before admission
			Md.	TY	11 >	
H	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	D INSI	DE CITY LIMIT	() 2/2
			Baltimore		YES X	по П
1	Mercy Hospital		E. STREET AND NUMBER			
5.	SEX 6. RACE 7. MARD		916 Fawn St.			
	Male White WIDOW		11-1-97	ast birthday)	If Under 1 Months Doy	rs Hours Min.
qoi	N. USUAL OCCUPATION (Give kind of wark 108, KINE to during most at working life, even it rotirod)	SOR GRINDER	11. BIRTHPLACE (Stote or foreign Italy	n country!	U.S.	OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0.00.2	
	Joseph Vasta		Angelir	na? RAPASARI	DA	
15. (Yo	Was Doceosed Ever in U. S. Armed Forces? s, no or unknown! (If yos, give war or dotos of sorvice	1 6. SOCIAL sel SECURITY NO.	17. INFORMANT		AD	DRESS
	WO	216-32-7090	Mills Reda 1/a	16 916	Facer	1 Lt.
	18. 3 8 2XI Y 200	CAUSE OF DEATH	METRONIE RE	WALTAIL	URE AF	PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/	1) URINARY TRY	ACT INFECT	TION	EEN ONSE! AND DEATH
	(This does not mean the made of dying	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	***************************************		***************************************
	hearl foilure, aslhenia, etc. fl means the disectiniury or complication which caused death.)	ise,	31 DIABETES-	MEHTE	15	
	ANTECEDENT CAUSES				3	
	DISEASES OR CONDITIONS, if any, giv		A CONSEQUENCE OF:	I). H		
	rise to the obove couse (A) slotting UNDERLYING CONDITION lost.	(C)	4) PARA	LyTie iLE	u.c.	
	11	(9//			3)	***********
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG AL				
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	208, IF YES, WERE F	INDINGS COI	NSIDERED
_	OK CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID	(if In Baltimore	Clly, give exc	oct lacotion)
EDICAL	21D. TIME (Month) (Dayl (Yoor) (Haud OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
Σ	(APPROX.I	While At At Wark				
	22. I certify that (I) (this haspital) attende		9/17/19	69_ta	9	-19-1964
	that (I) (vie) last saw the deceased alive a			fn(my) (aur) apin		
	and haur and fram the causes stated obave		-			
	23A. SIGNATURE				23B, DATE SIG	SNED
	11:14 1 1 0 0 0	DEGREE Phys	ding Med. S	hys.		
	23C. PHYSICIAN'S NAME (Typel	111111111111111111111111111111111111111	3D. ADDRESS			
24.	HOUSHANG-	MAKI POU DEGREE				
24#	REMOVAL (Specifyl	NAME of CEMETERY OF CRE		CATION (City	, town, or cou	intyl (Stotel
K	Durial 1/23/67 1	TOLY REDEEN		uto 19	1d -	
25 A	DO 5 1969 (P.A. & E. Jabey)	SO A REGISTRAR	25C. FUNERAL DIRECTOR	0.0	A	DDRESS
E	25 Hoy Valet a Welley	ared !	TARIER Dell	Aloze 3	129.	HIGH 51.

28 ALDREY SHOWN

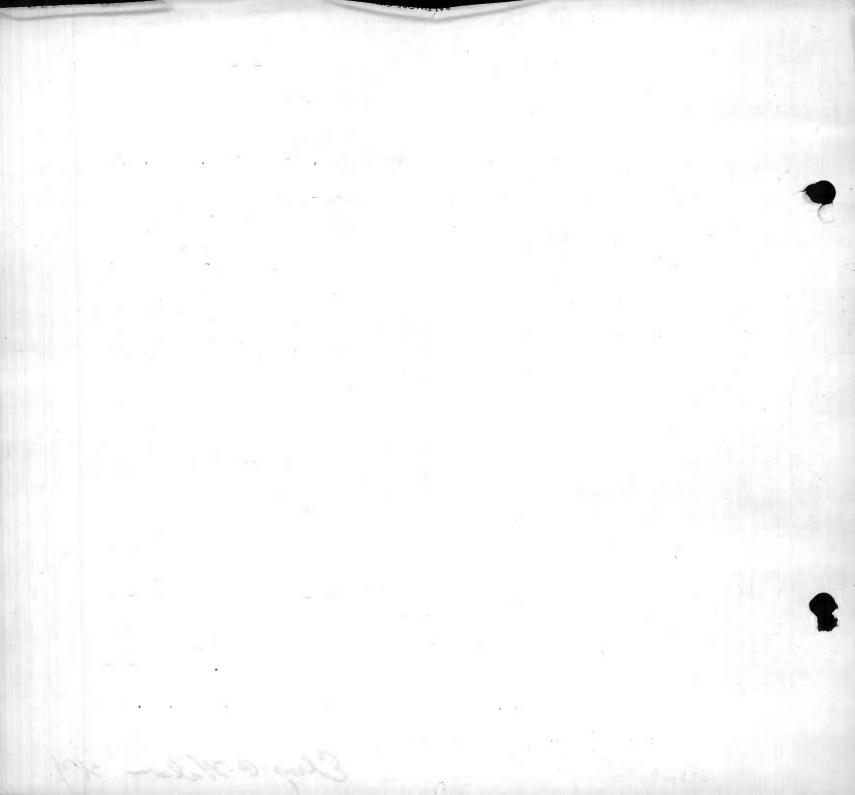
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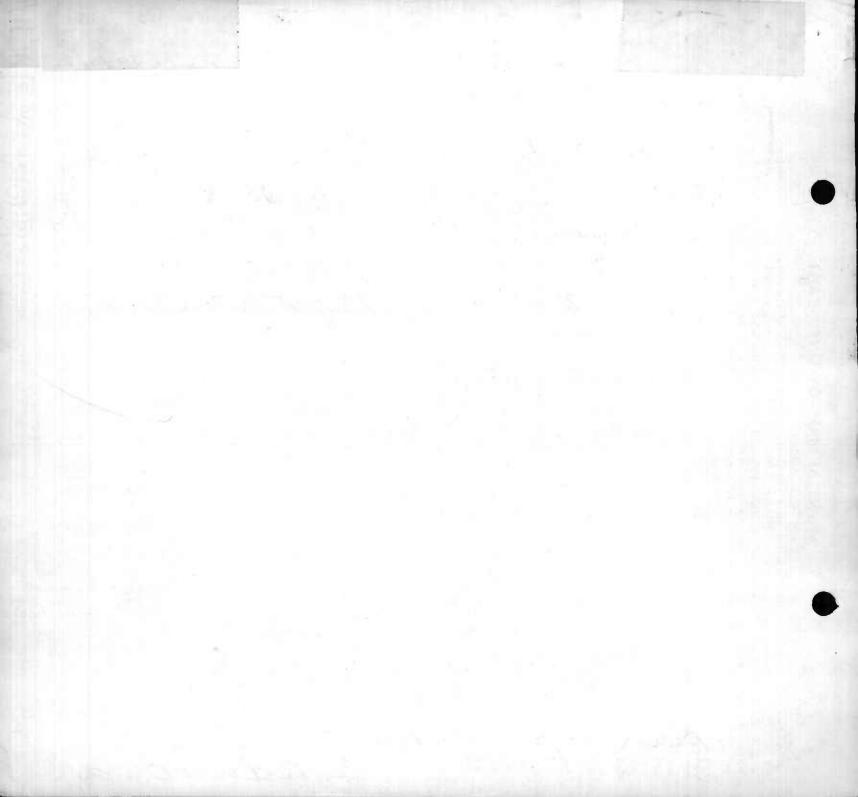
DIRECTOR:

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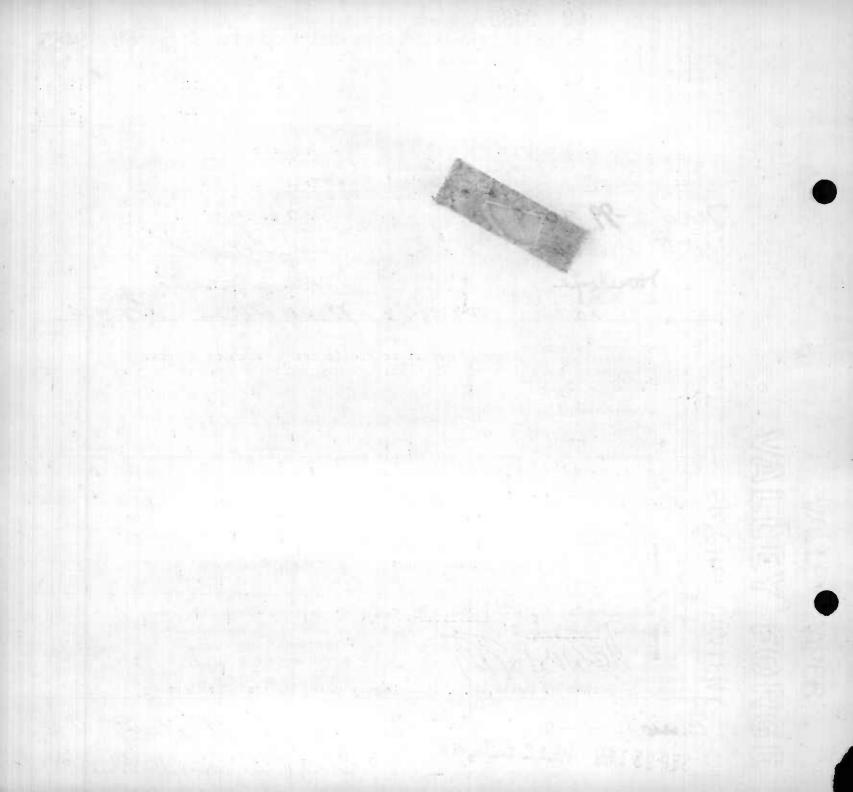
CITY HEALTH DEPARTMENT 9483 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? NO YES 4 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH several mos. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exoct location) 9-24ond that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED 9-24-69 Md. 21218 written ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT



17-6	00 69	9485 BA	ALTIMORE CITY H	EALTH DEPAR	TMENT				
111-0			MINER'S			DEAT	H REG. NO.	69	9485
BIRTH NO.							REG. NO.		0. 100
1. NAME OF DEC	CEASED			2. DATE	Known 🏝	Month	Doy	Year	Hour
(Type ar Print)	Alice	Moore		OF DEATH	Estimated	9	22	69	3:25 p.m.
4. PLACE IN BAI	TIMORE, MARYLAND, V		ICED DEAD	3. DATE		Manth	Doy	Yeor	Haur
FULL NAME OF		AL OR INSTITUTION,			NCED DEAD				
HOSPITAL	ADDRESS OR LOCA		01.011101			9	22	69	3:25 p.M.
OR INSTITUTION				A. STATE	SIDENCE (Where		ed. If institution B. COUNTY	: residence b	efore admission)
00	1807 N. Beth	hel St.		A. SIAIL	Maryland		B. COUNTY		805
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
female	colored	0.0	24		D-1+1				
9. DATE OF BIRA		WIDOWED	DIVORCED	S CYPERY A	Baltimon	re	YI	ES 🔲 🔝	NO L
7. DATE OF BIR	last birthda	years; Months;	Tyr, If Under 24 Hrs Doys , Hours , Min	E. SIKEEL A	ND NUMBER				
march	21-14 70				1807 N.	Bethel	St.		
HE BIRTHPLACE	State of lareign country)		ZEN OF	13. FATHER'S	SNAME	On			
1 Month	dulining	WH/	AT COUNTRY?	1 >	7010 -	1000	2,1		
14A.USUAL OCCL	JPATION (Give kind of work	148. KIND OF BUS	INESS OR INDUST	Y 15. MOTHER	S MAIDEN NA	ME			
done during mast of	working life, even if retired)			1	1	0			
	TOUSONE			10	welle	- 507	100	-0	
(Yes, na ar unknown	ED EVER IN U.S. ARMEL	of service)	SOCIAL SECURITY NO.	18. INFORM	IANT	-()	Al	DDR 595	
	110	52	39-24-98	3/ 17	Touch 1	ume	_ 00	Dys	ne
19.21	B. Ch.		CAUSE OF DE	ATH	est- fac	-00			PROXIMATE INTERVAL
110	50/				/			BETW	EEN ONSET AND DEATH
DISEAS	SE OR CONDITION DIRE LEADING TO DEATH	CTLY	Arterios	clerotic	cardiova	ascular	diseas	e	
(This done i	nat mean the mode of dy	vina e a	(A) IMMEDIATE	CAUSE					****************
heart failure	e, asthenia, etc. It meons the	e diseose,	DUE TO, OR	AS A CONSEQU	UENCE OF:				
Injury or car	mplication which caused de	ath.)							
		-							
A	NTECEDENT CAUSES		(0)						
	NTECEDENT CAUSES OR CONDITIONS, IF AN		(8)	AS A CONSEG	QUENCE OF:				
DISEASES RISE TO TH	OR CONDITIONS, IF AN	Y, GIVING	(B)	AS A CONSEC	QUENCE OF:				
DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, IF AN	Y, GIVING	(B)(C)	R AS A CONSEC	QUENCE OF:				
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NO

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

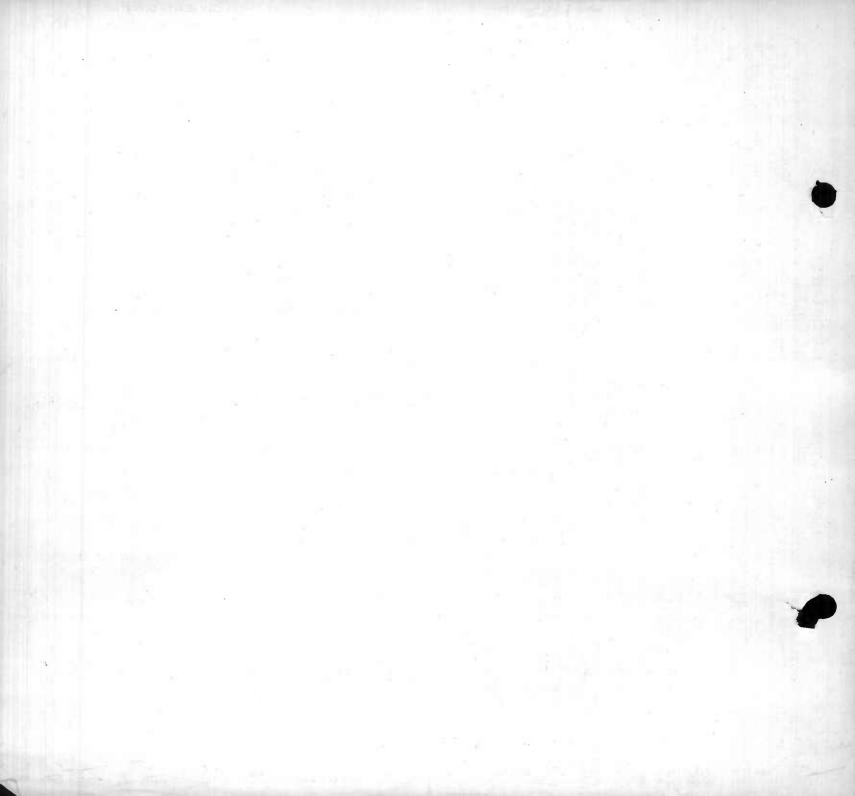
ADDRESS

If Under 24 Hrs.

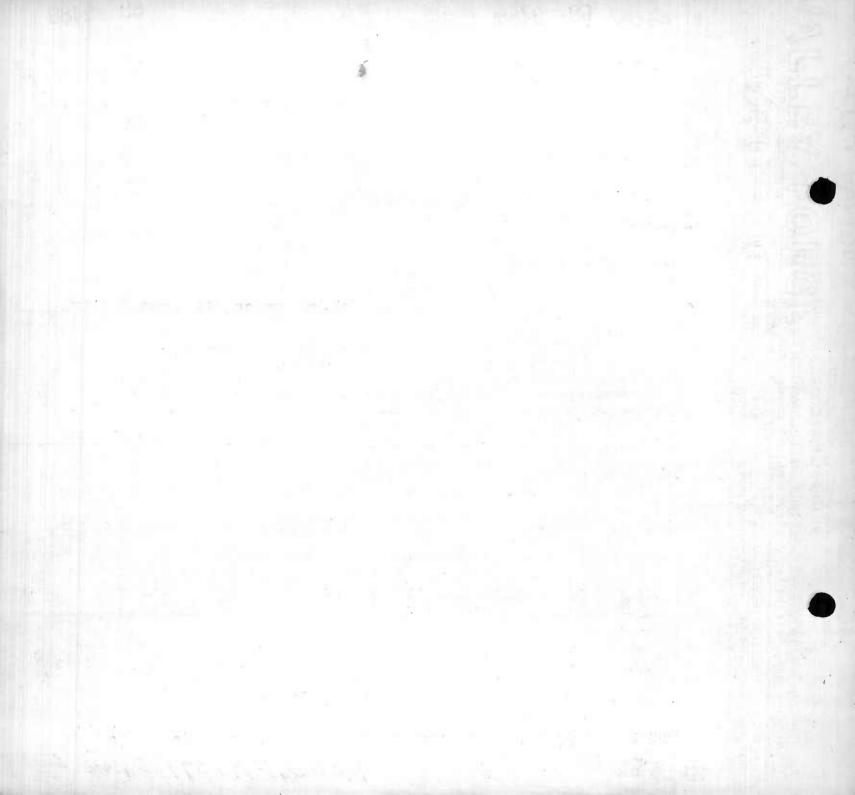
IMPORTANT **DIRECTOR:** FUNERAL

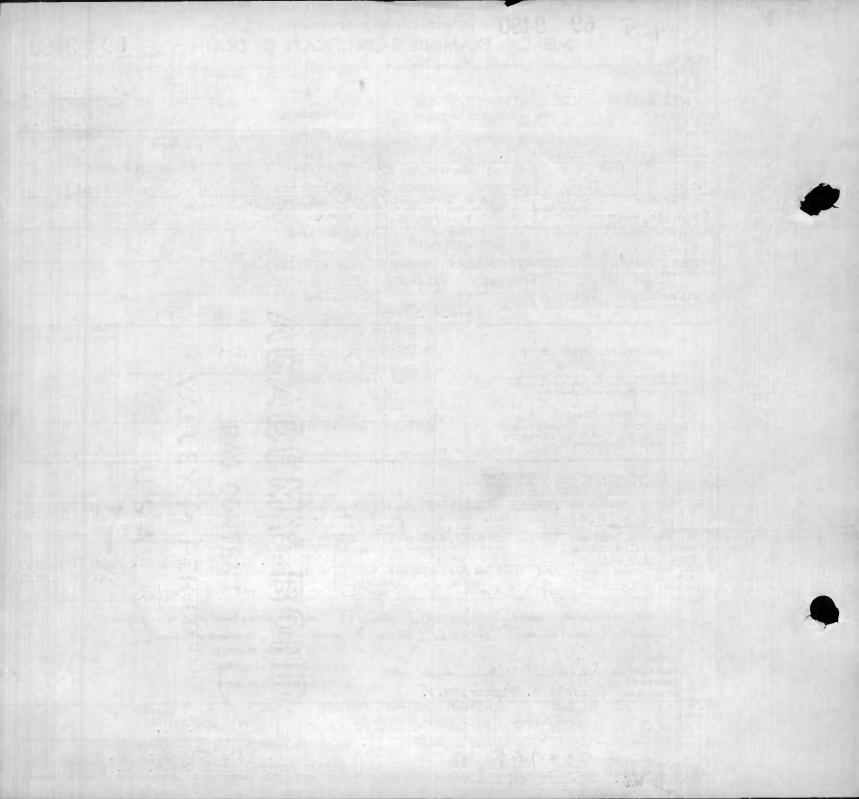


6994					
BIRTH NO.	87 CERTIFICA	TE OF DEATH	REG. NO	<u>68</u>	9487
I, NAME OF DECEASED		2 DATE AND	HOUR OF DEATH		
Type or Print)		P (3) 22	1 O	. 17	45 0
JETINA HENRY	WADE	1 22	109	1	70 8
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE Where A. STATE B. COUNTY	deceased lived. If in	stitution: residenc	e before odmissio
				1-1	110
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland			() 2/2
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
1011011		Baltimore		YES	NO
		E. STREET AND NUMBER		153	140
The Johns Hopkins Hos	spital			01010	
-	*	2626 Ashland	Avenue	21213	
SEX 6. RACE 7. MADD	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr.	, If Under 24 Hi
	= =	7/0/10	51	Months Doys	Hours Min.
Male Negro widow		7/8/18			
A. USUAL OCCUPATION (Give kind of work 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN O	F WHAT COUNT
one during most of working life, wen if retired)		W.	1100	//	011
Xalor		Chorn o	100	W.	AM
FATHER'S NAME	0	14. MOTHER'S MAIDEN NAMI			
11 11 1 m		- 0 10	200 11	1	
within H. Mille	2- M.	XIVIana	08/11/1	sel	
S. Wo Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1	ADD	RESS
(es do or unknown) (If yes, give wor or dates of servi	ce) SECURITY NO.	11	1		
		(nomence (1/1	uplan .	191	1/5
18. 46 2 / 11	CAUSE OF DEAT	TH /	-		OXIMATE INTERVAL
7 5 617	37,002			BETWEE	N ONSET AND DEA
DISEASE OR CONDITION DIRECTLY		122 - 1	Α		
LEADING TO DEATH	(A)IMMEDIATE CA	USE PLODE AUTO	RY HRD	EST	
(This daes not mean the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	. J. X		
hearl failure, asthenia, etc. It means the dise	ase,				
injury or complication which coused death.)	0.	0	. /	7	2 (
ANTECEDENT CAUSES	040	ebro vascula	1 CO Daid	JOMAI -	DOVOLAC
DISTASTS OR CONDITIONS IS	ving DUE TO, OR A	con voca	1 COCCO		
DISEASES OR CONDITIONS, if any, gi		S A CONSEQUENCE OF			
		S A CONSEQUENCE OF:			
rise to the above cause (A) stoling UNDERLYING CONDITION last.	lhe	S A CONSEQUENCE OF:			
tise to the above cause (A) stoling		S A CONSEQUENCE OF:			
rise to the above cause (A) stoting UNDERLYING CONDITION last.	(C)	S A CONSEQUENCE OF:			
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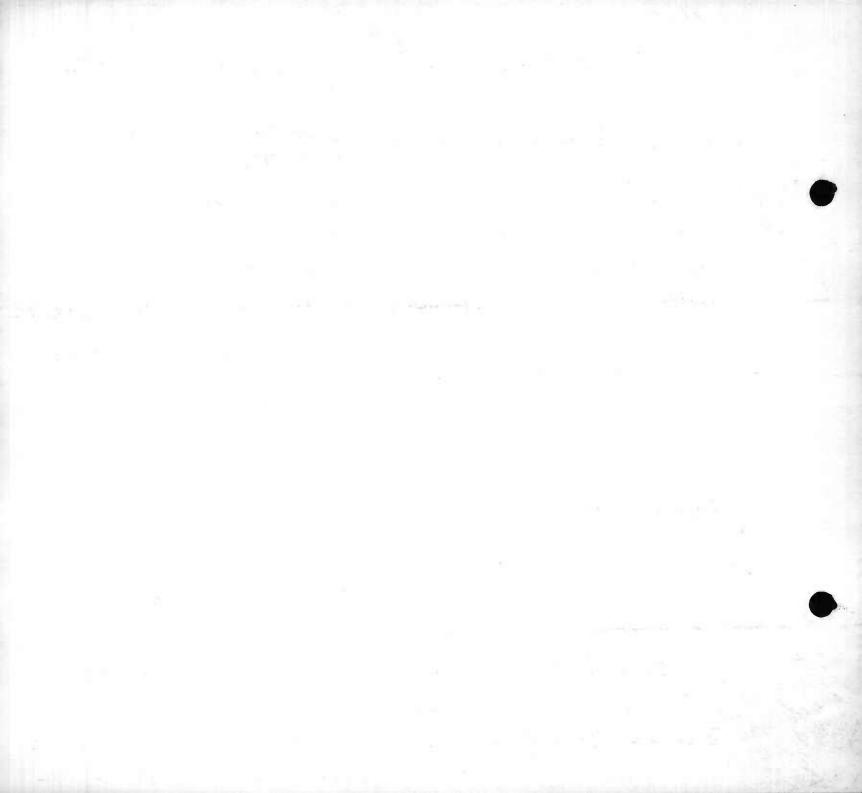
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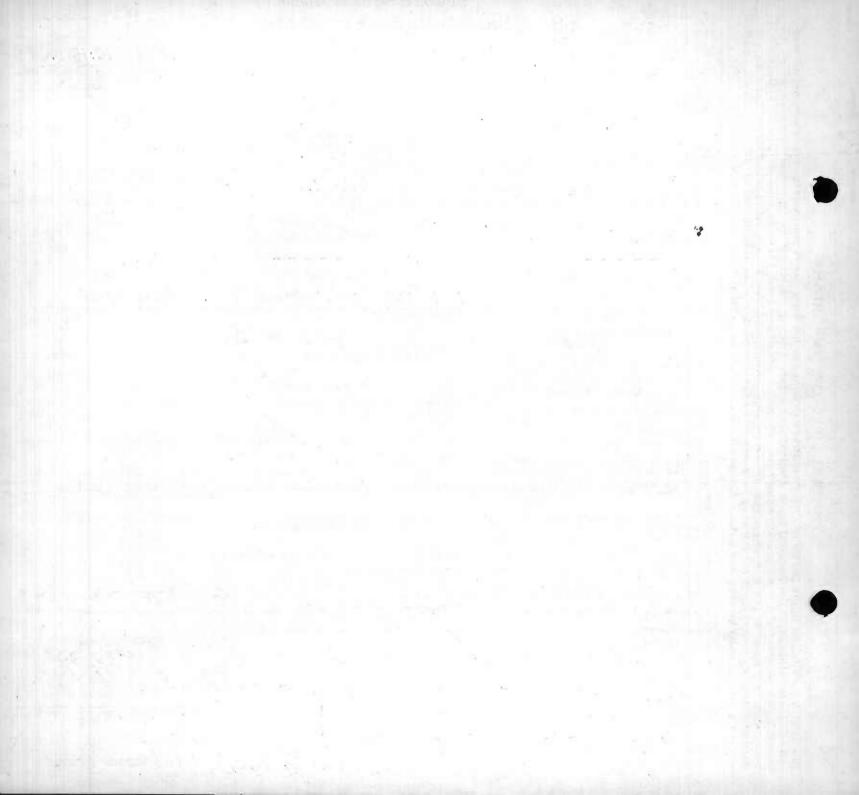


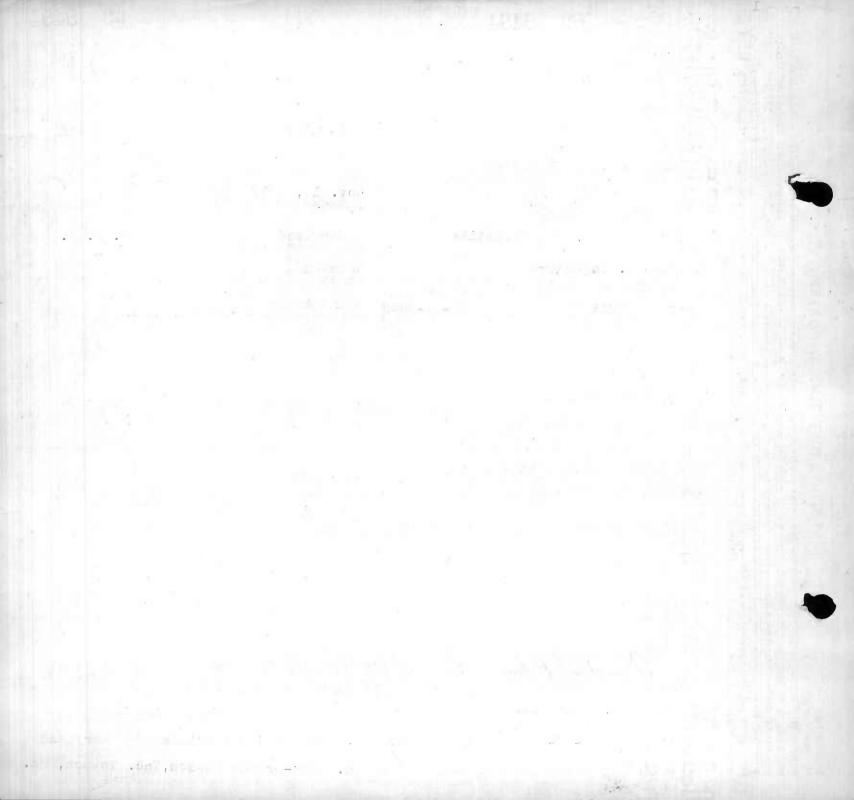


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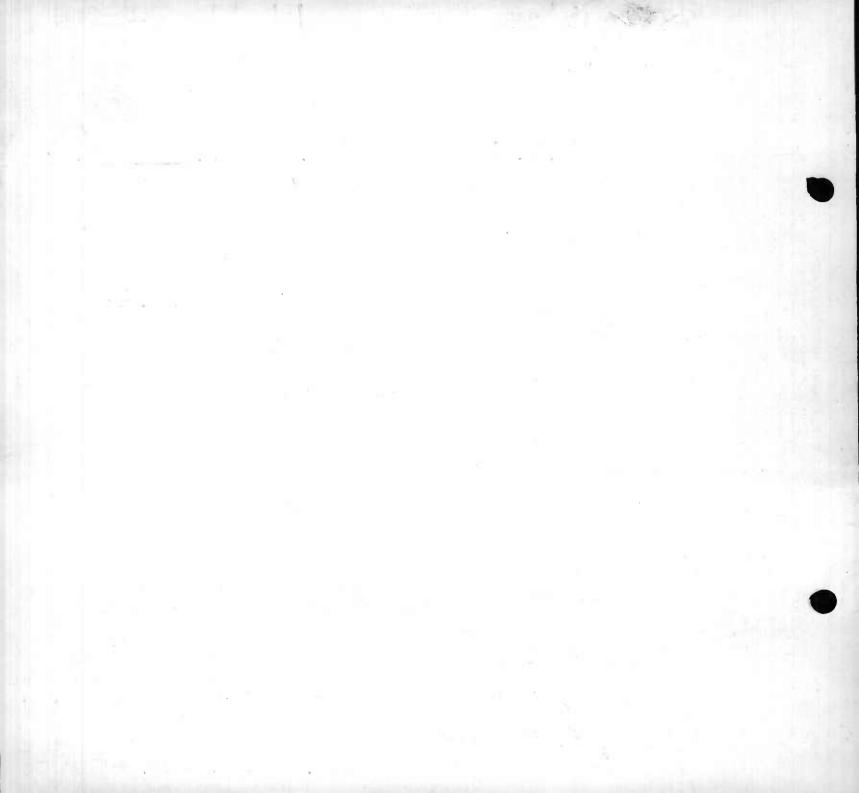


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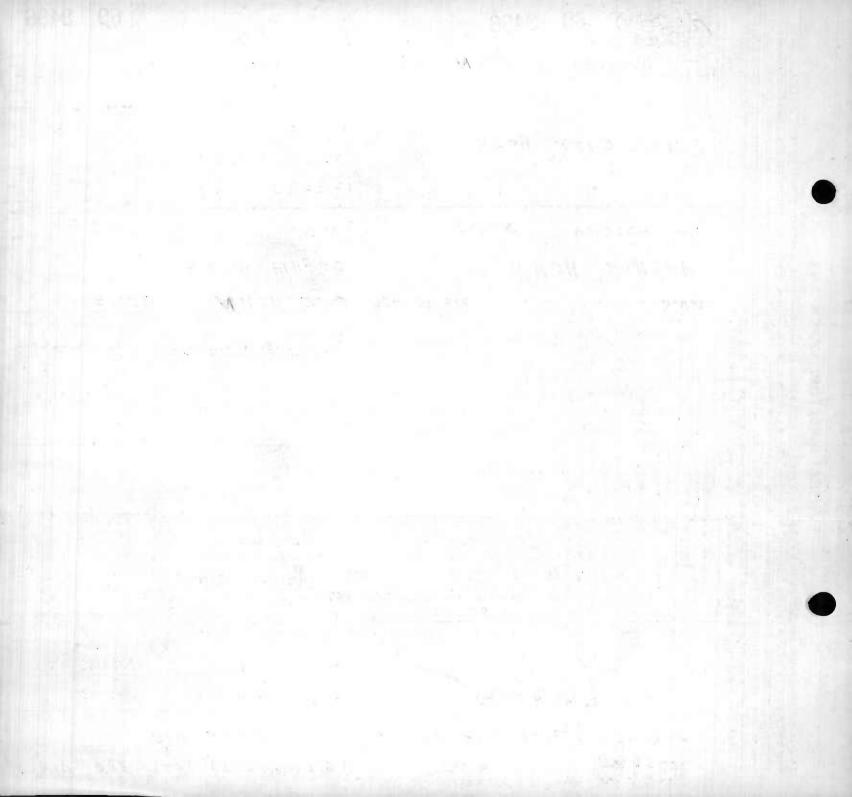
BALTIMORE CITY HEALTH DEPARTMENT



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25C. FUNERAL DIRECTOR

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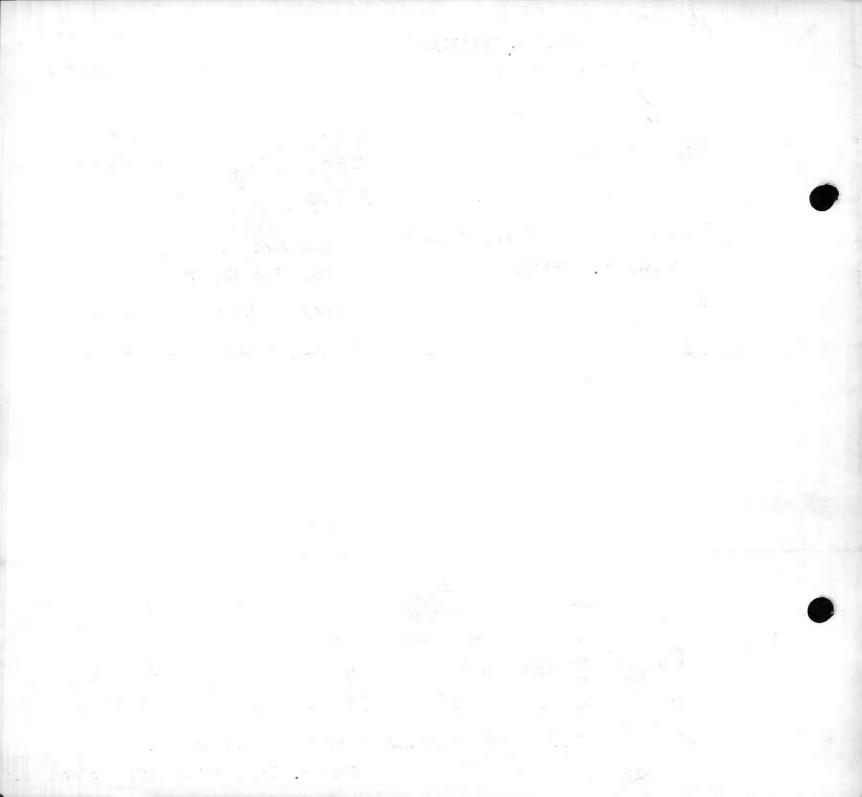
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KAFAEL PEREZ-MERA	000-0-	8507 LIBER	TY ICA KA	NUALL STOW MO
A. BURIAL CREMATION, 24B. DATE . 24C. NAN	AE of CEMETERY of CRE		CATION (CIT	y, town, or county) (State
REMOVAL (Specify)		1		Mr
BURIAL TINSTEL	OSEDALL		BALTO	1.17
A. DATE REC'D BY HEALTH DEPT.	GISTRAR	25C. FUNERAL DIRECTOR	1 . 1	D AQUALSS
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BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

REG. NO D. INSIDE CITY LIMITS? NO If Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. 3415 Glennore Ave APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH (If In Boltimore City, give exoct location) .19 and that in (my) (exceptinian death accurred an the date 23B, DATE SIGNED Baltimore, Md buecto Altenburg, Inc. ADDRESS £908

